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| Fill in this information to identify your case: |                               |                                   |
|-------------------------------------------------|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the:         |                               |                                   |
| NORTHERN DISTRICT OF ILLINOIS                   | _                             |                                   |
| Case number (if known)                          | Chapter you are filing under: |                                   |
|                                                 | Chapter 7                     |                                   |
|                                                 | ☐ Chapter 11                  |                                   |
|                                                 | ☐ Chapter 12                  |                                   |
|                                                 | ☐ Chapter 13                  | ☐ Check if this an amended filing |

### Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| t 1:  | Identify Yourself                              |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-------|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|       |                                                | About Debtor 1:                                                                                                                                                                      | About Debtor 2 (Spouse Only in a Joint Case):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| You   | r full name                                    |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Write | e the name that is on                          | Thomas                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|       | cture identification (for ample, your driver's | First name                                                                                                                                                                           | First name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| exar  |                                                | Adam                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|       |                                                | Middle name                                                                                                                                                                          | Middle name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Bring | g your picture<br>tification to vour           | Phipps                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| mee   | meeting with the trustee.                      | Last name and Suffix (Sr., Jr., II, III)                                                                                                                                             | Last name and Suffix (Sr., Jr., II, III)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|       |                                                |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|       |                                                |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|       |                                                |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|       |                                                |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| you   | r Social Security<br>ber or federal            | xxx-xx-5771                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| lden  | tification number                              |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|       | You Write your pictu exar licen Bring iden mee | Your full name  Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee.  Phipps Last name and Suffix (Sr., Jr., II, III)  All other names you have used in the last 8 years Include your married or maiden names.  Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number  About Debtor 1:  Thomas First name  Adam Middle name  Phipps Last name and Suffix (Sr., Jr., II, III) |

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Case number (if known)

Debtor 1 Thomas Adam Phipps

|    |                                                                                                         | About Debtor 1:                                                                                                                                     | About Debtor 2 (Spouse Only in a Joint Case):                                                                                              |  |  |  |
|----|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| 1. | Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years | ■ I have not used any business name or EINs.                                                                                                        | ☐ I have not used any business name or EINs.                                                                                               |  |  |  |
|    | Include trade names and doing business as names                                                         | Business name(s)                                                                                                                                    | Business name(s)                                                                                                                           |  |  |  |
|    |                                                                                                         | EINs                                                                                                                                                | EINs                                                                                                                                       |  |  |  |
| 5. | Where you live                                                                                          |                                                                                                                                                     | If Debtor 2 lives at a different address:                                                                                                  |  |  |  |
|    |                                                                                                         | 5045 S. Michigan Ave Apt#2<br>Chicago, IL 60615                                                                                                     |                                                                                                                                            |  |  |  |
|    |                                                                                                         | Number, Street, City, State & ZIP Code                                                                                                              | Number, Street, City, State & ZIP Code                                                                                                     |  |  |  |
|    |                                                                                                         | Cook                                                                                                                                                |                                                                                                                                            |  |  |  |
|    |                                                                                                         | County                                                                                                                                              | County                                                                                                                                     |  |  |  |
|    |                                                                                                         | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |  |  |  |
|    |                                                                                                         | Number, P.O. Box, Street, City, State & ZIP Code                                                                                                    | Number, P.O. Box, Street, City, State & ZIP Code                                                                                           |  |  |  |
| 6. | Why you are choosing this district to file for                                                          | Check one:                                                                                                                                          | Check one:                                                                                                                                 |  |  |  |
|    | bankruptcy                                                                                              | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |  |  |  |
|    |                                                                                                         | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)                                                                                        | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)                                                                               |  |  |  |
|    |                                                                                                         |                                                                                                                                                     |                                                                                                                                            |  |  |  |

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**Thomas Adam Phipps** Debtor 1

Case number (if known) Part 2: Tell the Court About Your Bankruptcy Case Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for ■ No. bankruptcy within the last 8 years? ☐ Yes. District When Case number When District Case number When District Case number 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is ☐ Yes. not filing this case with you, or by a business partner, or by an affiliate? Debtor Relationship to you When Case number, if known District Debtor Relationship to you When District Case number, if known 11. Do you rent your Go to line 12. No. residence?

Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this

☐ Yes.

No. Go to line 12.

bankruptcy petition.

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| Debtor 1 Thomas Adam Phipps Case number (if known) |  |
|----------------------------------------------------|--|
|----------------------------------------------------|--|

| ar   | 3: Report About Any Bu                                                                                                                                          | sinesses               | You Own                                                                                                                                                                                                                                                                                                                                                                              | as a Sole Proprieto                                                                                                    | r                                                                                      |  |  |  |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--|--|--|
| 12.  | Are you a sole proprietor of any full- or part-time business?                                                                                                   | ■ No.                  | Go to                                                                                                                                                                                                                                                                                                                                                                                | Part 4.                                                                                                                |                                                                                        |  |  |  |
|      |                                                                                                                                                                 | ☐ Yes.                 | ☐ Yes. Name and location of business                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                        |                                                                                        |  |  |  |
|      | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |                        | Name of business, if any                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                        |                                                                                        |  |  |  |
|      | If you have more than one sole proprietorship, use a separate sheet and attach                                                                                  |                        | Numb                                                                                                                                                                                                                                                                                                                                                                                 | er, Street, City, State                                                                                                | & ZIP Code                                                                             |  |  |  |
|      | it to this petition.                                                                                                                                            |                        | Check                                                                                                                                                                                                                                                                                                                                                                                | the appropriate box                                                                                                    | to describe your business:                                                             |  |  |  |
|      |                                                                                                                                                                 |                        |                                                                                                                                                                                                                                                                                                                                                                                      | Health Care Busine                                                                                                     | ss (as defined in 11 U.S.C. § 101(27A))                                                |  |  |  |
|      |                                                                                                                                                                 |                        |                                                                                                                                                                                                                                                                                                                                                                                      | Single Asset Real E                                                                                                    | Estate (as defined in 11 U.S.C. § 101(51B))                                            |  |  |  |
|      |                                                                                                                                                                 |                        |                                                                                                                                                                                                                                                                                                                                                                                      | Stockbroker (as def                                                                                                    | fined in 11 U.S.C. § 101(53A))                                                         |  |  |  |
|      |                                                                                                                                                                 |                        |                                                                                                                                                                                                                                                                                                                                                                                      | Commodity Broker                                                                                                       | (as defined in 11 U.S.C. § 101(6))                                                     |  |  |  |
|      |                                                                                                                                                                 |                        |                                                                                                                                                                                                                                                                                                                                                                                      | None of the above                                                                                                      |                                                                                        |  |  |  |
| 13.  | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a <i>small business</i><br>debtor?                                                  | deadlines<br>operation | e filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate s. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of its, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure s.C. 1116(1)(B). |                                                                                                                        |                                                                                        |  |  |  |
|      | For a definition of small                                                                                                                                       | ■ No.                  | No. I am not filing under Chapter 11.                                                                                                                                                                                                                                                                                                                                                |                                                                                                                        |                                                                                        |  |  |  |
|      | business debtor, see 11 U.S.C. § 101(51D).                                                                                                                      | □ No.                  | I am fi<br>Code.                                                                                                                                                                                                                                                                                                                                                                     | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. |                                                                                        |  |  |  |
|      |                                                                                                                                                                 | ☐ Yes.                 | I am fi                                                                                                                                                                                                                                                                                                                                                                              | ing under Chapter 1                                                                                                    | 1 and I am a small business debtor according to the definition in the Bankruptcy Code. |  |  |  |
| Part | 4: Report if You Own or                                                                                                                                         | Have Any               | Hazardo                                                                                                                                                                                                                                                                                                                                                                              | us Property or Any                                                                                                     | Property That Needs Immediate Attention                                                |  |  |  |
| 4.   | Do you own or have any                                                                                                                                          | ■ No.                  |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                        |                                                                                        |  |  |  |
|      | property that poses or is alleged to pose a threat of imminent and                                                                                              | ■ No.  ☐ Yes.          | What is t                                                                                                                                                                                                                                                                                                                                                                            | ne hazard?                                                                                                             |                                                                                        |  |  |  |
|      | identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?                                                      |                        |                                                                                                                                                                                                                                                                                                                                                                                      | ate attention is why is it needed?                                                                                     |                                                                                        |  |  |  |
|      | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?                                               |                        | ŕ                                                                                                                                                                                                                                                                                                                                                                                    | the property?                                                                                                          | Number, Street, City, State & Zip Code                                                 |  |  |  |
|      |                                                                                                                                                                 |                        |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                        |                                                                                        |  |  |  |

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Debtor 1 Thomas Adam Phipps

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|------------------------------------------------------|
| counseling because of:                               |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Document Page 6 of 55 Case number (if known) Debtor 1 **Thomas Adam Phipps** Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion \$50,001 - \$100,000 to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Thomas Adam Phipps Signature of Debtor 2 Thomas Adam Phipps Signature of Debtor 1

Executed on

MM / DD / YYYY

Executed on April 19, 2016

MM / DD / YYYY

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Debtor 1 Thomas Adam Phipps Document Page 7 01 55 Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ S. M. de Rath, Esq.                        | Date          | April 19, 2016 |
|------------------------------------------------|---------------|----------------|
| Signature of Attorney for Debtor               | <del></del>   | MM / DD / YYYY |
|                                                |               |                |
| S. M. de Rath, Esq.                            |               |                |
| Printed name                                   |               |                |
| Attorney S.M.de Rath, Esq.                     |               |                |
| Firm name                                      |               |                |
| 233 S. Wacker Dr, 84th FL<br>Chicago, IL 60606 |               |                |
| Number, Street, City, State & ZIP Code         |               |                |
| Number, Street, Oily, State & Zir Gode         |               |                |
| Contact phone 312-283-8606                     | Email address |                |
| 6206809                                        |               |                |
| Bar number & State                             |               |                |

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|                     |                         | Docume            | ent Page 8 of 5 | 55 | <u>.</u>                             |
|---------------------|-------------------------|-------------------|-----------------|----|--------------------------------------|
| Fill in this inform | nation to identify your | case:             |                 |    |                                      |
| Debtor 1            | Thomas Adam Pl          | nipps             |                 |    |                                      |
|                     | First Name              | Middle Name       | Last Name       |    |                                      |
| Debtor 2            |                         |                   |                 |    |                                      |
| (Spouse if, filing) | First Name              | Middle Name       | Last Name       |    |                                      |
| United States Bar   | nkruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS     |    |                                      |
| Case number         |                         |                   |                 |    |                                      |
| (if known)          |                         |                   |                 |    | ☐ Check if this is an amended filing |
|                     |                         |                   |                 |    | , amonada ming                       |

### Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Par | 1: Summarize Your Assets                                                                                                                                                                                           |              |                               |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------|
|     |                                                                                                                                                                                                                    | Your a       | ssets<br>of what you own      |
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B                                                                                                              | \$           | 0.00                          |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B                                                                                                                                                       | \$           | 20,127.52                     |
|     | 1c. Copy line 63, Total of all property on Schedule A/B                                                                                                                                                            | \$           | 20,127.52                     |
| Par | 2: Summarize Your Liabilities                                                                                                                                                                                      |              |                               |
|     |                                                                                                                                                                                                                    |              | <b>abilities</b><br>t you owe |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D                 | \$           | 14,221.27                     |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                                           | \$           | 0.00                          |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F                                                                                                                  | \$           | 57,460.10                     |
|     | Your total liabilities                                                                                                                                                                                             | \$           | 71,681.37                     |
| Par | 3: Summarize Your Income and Expenses                                                                                                                                                                              |              |                               |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I                                                                                                          | \$           | 3,667.67                      |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J                                                                                                              | \$           | 4,034.05                      |
| Par | 4: Answer These Questions for Administrative and Statistical Records                                                                                                                                               |              |                               |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                                     | ur other sch | nedules.                      |
| 7.  | ■ Yes What kind of debt do you have?                                                                                                                                                                               |              |                               |
|     | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a bounded purpose "1411.5.0. \$ 101(9). Fill out lines 8.0g for stellistical purposes 28.11.5.0. \$ 150 | a personal,  | , family, or                  |

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

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Debtor 1 Thomas Adam Phipps Document Page 9 of 55
Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$\_\_\_\_\_186.87

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|                                                                                                                              | Total cl | aim  |
|------------------------------------------------------------------------------------------------------------------------------|----------|------|
| From Part 4 on Schedule E/F, copy the following:                                                                             |          |      |
| 9a. Domestic support obligations (Copy line 6a.)                                                                             | \$       | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)                                                    | \$       | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)                                          | \$       | 0.00 |
| 9d. Student loans. (Copy line 6f.)                                                                                           | \$       | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$       | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$      | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.                                                                                   | \$       | 0.00 |

|                    | Cas                                    | se 16-13252                  | Doc 1                               |                | 04/19/16<br>ument                                | Entered 04/19/16                             | 12:07:15                        | Des         | sc Main                                                                              |      |
|--------------------|----------------------------------------|------------------------------|-------------------------------------|----------------|--------------------------------------------------|----------------------------------------------|---------------------------------|-------------|--------------------------------------------------------------------------------------|------|
| Fill in t          | this informa                           | ation to identify yo         | our case and                        |                |                                                  |                                              |                                 |             |                                                                                      |      |
| Debtor             | 1                                      | Thomas Adam First Name       |                                     | dle Name       |                                                  | Last Name                                    |                                 |             |                                                                                      |      |
| Debtor<br>(Spouse, |                                        | First Name                   | Mid                                 | dle Name       |                                                  | Last Name                                    |                                 |             |                                                                                      |      |
|                    | •                                      | kruptcy Court for the        |                                     |                | RICT OF ILLIN                                    |                                              |                                 |             |                                                                                      |      |
|                    |                                        |                              |                                     |                |                                                  |                                              |                                 |             | _                                                                                    |      |
| Case n             | iumber                                 |                              |                                     |                |                                                  | _                                            |                                 |             | Check if this is<br>amended filing                                                   |      |
| Sch<br>In each o   | edule<br>category, ser<br>its best. Be | as complete and acc          | cribe items. Lis<br>curate as possi | ible. If two I | married people                                   | in asset fits in more than one of            | qually responsib                | ole for sup | plying correct                                                                       | _    |
|                    | every questi                           | •                            | ich a separate                      | sheet to th    | is form. On the                                  | e top of any additional pages,               | write your name                 | and case    | number (if known).                                                                   |      |
| Part 1:            | Describe Ea                            | ach Residence, Build         | ding, Land, or (                    | Other Real     | Estate You Ow                                    | n or Have an Interest In                     |                                 |             |                                                                                      |      |
| ■ Ye               | es. Where is t                         | he property?                 |                                     | What           | is the property                                  | ? Check all that apply                       |                                 |             |                                                                                      |      |
| Str                | reet address, if a                     | available, or other descript | tion                                | _              | Single-family h<br>Duplex or mult<br>Condominium | ti-unit building<br>or cooperative           | the amount of ar                | ny secured  | ms or exemptions. Pu<br>claims on <i>Schedule L</i><br>s <i>Secured by Propert</i> y | D:   |
|                    |                                        |                              |                                     |                | Manufactured Land                                | or mobile home                               | Current value o entire property |             | Current value of the portion you own?                                                | 9    |
| Cit                | ty                                     | State                        | ZIP Code                            |                | Investment pro                                   | operty                                       |                                 | \$0.00      | \$0                                                                                  | .00  |
|                    |                                        |                              |                                     | U<br>Who t     | Timeshare Other                                  | in the property? Check one                   |                                 | nple, tena  | our ownership interest<br>ncy by the entireties                                      |      |
|                    |                                        |                              |                                     | •              | Debtor 1 only                                    | and property: Onlook one                     |                                 |             |                                                                                      |      |
| Co                 | ounty                                  |                              |                                     |                | Debtor 2 only Debtor 1 and Debtor 1 and Debtor 1 | Debtor 2 only<br>f the debtors and another   | ☐ Check if th                   |             | nunity property                                                                      |      |
|                    |                                        |                              |                                     |                | information yo                                   | ou wish to add about this item<br>on number: | such as local                   |             |                                                                                      |      |
|                    |                                        |                              |                                     |                | er owned pr                                      |                                              |                                 |             |                                                                                      |      |
|                    |                                        |                              |                                     |                |                                                  | rom Part 1, including any e                  |                                 |             | \$0.00                                                                               | <br> |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

| Del         | otor 1 <b>T</b>                   | homas Ada                       | ım Phipps                                     | Document Page 11 of 55 <sub>C</sub>                                                                                                                                                                                               | ase number (if known)      |                                                                                    |
|-------------|-----------------------------------|---------------------------------|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------|
| 3. <b>C</b> | ars, vans                         | , trucks, tract                 | ors, sport utility ve                         | hicles, motorcycles                                                                                                                                                                                                               |                            |                                                                                    |
| г           | l No                              |                                 |                                               |                                                                                                                                                                                                                                   |                            |                                                                                    |
|             | Yes                               |                                 |                                               |                                                                                                                                                                                                                                   |                            |                                                                                    |
|             | - 100                             |                                 |                                               |                                                                                                                                                                                                                                   |                            |                                                                                    |
| 3.1         | Make:                             | Cadillac                        |                                               | Who has an interest in the property? Check one                                                                                                                                                                                    |                            | red claims or exemptions. Put                                                      |
|             | Model:                            | srx                             |                                               | ■ Debtor 1 only                                                                                                                                                                                                                   |                            | ecured claims on Schedule D:<br>e Claims Secured by Property.                      |
|             | Year:                             | 2010                            |                                               | Debtor 2 only                                                                                                                                                                                                                     | Current value of th        | e Current value of the                                                             |
|             | Approxi                           | mate mileage:                   | 84000                                         | Debtor 1 and Debtor 2 only                                                                                                                                                                                                        | entire property?           | portion you own?                                                                   |
|             |                                   | formation:                      |                                               | At least one of the debtors and another                                                                                                                                                                                           |                            |                                                                                    |
|             | Vehicl                            | e:<br>                          |                                               | ☐ Check if this is community property (see instructions)                                                                                                                                                                          | <b>\$13,977</b> .          | \$13,977.00                                                                        |
| 5 /         |                                   |                                 |                                               | rn for all of your entries from Part 2, including a<br>that number here                                                                                                                                                           |                            | \$13,977.00                                                                        |
|             |                                   |                                 | nal and Household Ite                         |                                                                                                                                                                                                                                   |                            |                                                                                    |
| Do          | you own                           | or have any lo                  | egal or equitable in                          | terest in any of the following items?                                                                                                                                                                                             |                            | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
|             |                                   |                                 | urnishings<br>ces, furniture, linens          | , china, kitchenware                                                                                                                                                                                                              |                            |                                                                                    |
|             |                                   |                                 | in debtor's possibly root tables, and other   | llaneous furniture and household goods o<br>session, including but not limited to: bedro<br>om set, kitchen/dining room set, chairs, lat<br>er misc household goods, located at debto<br>nated approx FMV of goods under \$1000.0 | oom set,<br>mps,<br>or's   | \$1,000.00                                                                         |
| [           | Electronics Examples:  No Yes. De | Televisions a<br>including cell |                                               | eo, stereo, and digital equipment; computers, printe<br>nedia players, games                                                                                                                                                      | ers, scanners; music co    | lections; electronic devices                                                       |
|             |                                   |                                 | limited to t.v., ra                           | onics: misc. electronics i.e. including but<br>adio, speakers, smartphone, electronic ga<br>or's residence, total estimated FMV approx                                                                                            | imes, etc.                 | \$500.00                                                                           |
| [           |                                   | other collection                | figurines; paintings,<br>ons, memorabilia, co | prints, or other artwork; books, pictures, or other ar<br>llectibles                                                                                                                                                              | rt objects; stamp, coin, o | or baseball card collections;                                                      |

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|                                         | Case 16-13252 Doc 1 Filed 04/19/16 Entered 04/19/16 12:07:15 Document Page 12 of 55                                                                                                                                                                                                                               | Desc Main                                                                         |
|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Debtor 1                                | Thomas Adam Phipps  Document Page 12 of 55  Case number (if known)                                                                                                                                                                                                                                                |                                                                                   |
|                                         | Debtor's knicknacks, odds and ends, including but not limited to: picture, decor, books, collectables, etc. located at debtor's residence, total estimated FMV approximately under \$500,                                                                                                                         | \$500.00                                                                          |
| Examp.                                  | nent for sports and hobbies  les: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes a musical instruments  Describe                                                                                                                                      | and kayaks; carpentry tools;                                                      |
|                                         | Debtor misc hobby & sports equipment, including but not limited to bike, sports equipment, balls, camera, located at debtor's residence, total estimated FMV approximately under \$250.                                                                                                                           | \$250.00                                                                          |
| ■ No □ Yes.  11. Clother Example No     | ples: Pistols, rifles, shotguns, ammunition, and related equipment  Describe                                                                                                                                                                                                                                      |                                                                                   |
| . 00.                                   | Debtor's used clothing, including but not limited to shirts, pants, coats, jackets, jeans, underclothing, socks, shoes, shorts, t-shirts, swimsuits, boots, sandels, purses, belts, hats, gloves, dresses, childrens clothing, etc located at debtor's residence, total estimated FMVe approximately under \$2000 | \$2,000.00                                                                        |
| ■ No □ Yes.  13. <b>Non-fa</b> Exam  No | ry ples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, g Describe  arm animals ples: Dogs, cats, birds, horses  Describe                                                                                                                                   | old, silver                                                                       |
| ■ No                                    | ther personal and household items you did not already list, including any health aids you did not list  Give specific information                                                                                                                                                                                 |                                                                                   |
|                                         | the dollar value of all of your entries from Part 3, including any entries for pages you have attached art 3. Write that number here                                                                                                                                                                              | \$4,250.00                                                                        |
|                                         | escribe Your Financial Assets                                                                                                                                                                                                                                                                                     |                                                                                   |
| Do you o                                | wn or have any legal or equitable interest in any of the following?                                                                                                                                                                                                                                               | Current value of the portion you own? Do not deduct secured claims or exemptions. |

16. **Cash** *Exam* 

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

■ Yes.....

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Case number (if known) Document Debtor 1 **Thomas Adam Phipps** Debtor's cash & coins on hand in cookie jar/under mattress, etc. emergencies, snow days, etc, located at debtor's residence. current estimated FMV not over \$100.00 \$100 at a time. 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: Yes..... **Checking Account: Navy Federal** \$5.96 17.1. Checking Account: Chase \$1,794.56 17.2. 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ■ No ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No

☐ Yes.....

Issuer name and description.

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Case number (if known) Document Debtor 1 **Thomas Adam Phipps** 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ■ No ☐ Yes. Name the insurance company of each policy and list its value. Beneficiary: Surrender or refund Company name: value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No

☐ Yes. Give specific information..

#### 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

■ No

☐ Yes. Describe each claim.......

#### 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

■ No

☐ Yes. Describe each claim.......

| Debt         | Case 16-13252                                                        |                    | Filed 04/19/16<br>Document | Entered 0-<br>Page 15 of | 4/19/16 12:07:15<br>55<br>Case number (if known) | Desc Main               |
|--------------|----------------------------------------------------------------------|--------------------|----------------------------|--------------------------|--------------------------------------------------|-------------------------|
|              |                                                                      |                    |                            |                          | Case number (ii known)                           |                         |
| _            | ny financial assets you did not                                      | t already list     |                            |                          |                                                  |                         |
|              | No                                                                   |                    |                            |                          |                                                  |                         |
| Ц            | Yes. Give specific information                                       |                    |                            |                          |                                                  |                         |
|              | Add the dollar value of all of yo<br>for Part 4. Write that number h |                    |                            |                          |                                                  | \$1,900.52              |
| Part !       | Describe Any Business-Related                                        | d Property You O   | wn or Have an Interest I   | n. List any real esta    | ate in Part 1.                                   |                         |
| 37. <b>D</b> | you own or have any legal or equ                                     | itable interest in | any business-related pr    | operty?                  |                                                  |                         |
|              | No. Go to Part 6.                                                    |                    |                            |                          |                                                  |                         |
|              | Yes. Go to line 38.                                                  |                    |                            |                          |                                                  |                         |
|              |                                                                      |                    |                            |                          |                                                  |                         |
| Part (       | Describe Any Farm- and Comm If you own or have an interest in fa     |                    |                            | or Have an Interes       | st In.                                           |                         |
| 46. D        | o you own or have any legal o                                        | r equitable inte   | erest in any farm- or o    | ommercial fishir         | ig-related property?                             |                         |
| - 1          | No. Go to Part 7.                                                    | •                  | •                          |                          |                                                  |                         |
| I            | Yes. Go to line 47.                                                  |                    |                            |                          |                                                  |                         |
|              |                                                                      |                    |                            |                          |                                                  |                         |
| Part 7       | Describe All Property You                                            | Own or Have an     | Interest in That You Did   | Not List Above           |                                                  |                         |
| 53. D        | o you have other property of a                                       | ıny kind you di    | d not already list?        |                          |                                                  |                         |
|              | Examples: Season tickets, countr                                     | ry club members    | ship                       |                          |                                                  |                         |
|              | No                                                                   |                    |                            |                          |                                                  |                         |
| Ш            | Yes. Give specific information                                       |                    |                            |                          |                                                  |                         |
| 54           | Add the dollar value of all of ye                                    | our entries froi   | m Part 7. Write that n     | umber here               |                                                  | \$0.00                  |
| 0-1.         | Add the donar value of all of yo                                     | our charles no     | mr are r. write that in    | amber nere               |                                                  | Ψ0.00                   |
| Part 8       | List the Totals of Each Part                                         | of this Form       |                            |                          |                                                  |                         |
|              |                                                                      |                    |                            |                          |                                                  |                         |
|              | Part 1: Total real estate, line 2                                    |                    |                            |                          |                                                  | \$0.00                  |
|              | Part 2: Total vehicles, line 5                                       |                    |                            | \$13,977.00              |                                                  |                         |
|              | Part 3: Total personal and hou                                       | •                  | line 15                    | \$4,250.00               |                                                  |                         |
|              | Part 4: Total financial assets, I                                    |                    |                            | \$1,900.52               |                                                  |                         |
|              | Part 5: Total business-related                                       |                    | <del></del>                | \$0.00                   |                                                  |                         |
|              | Part 6: Total farm- and fishing-                                     |                    |                            | \$0.00                   |                                                  |                         |
| 61.          | Part 7: Total other property no                                      | n nsteu, nne 54    | +                          | \$0.00                   |                                                  |                         |
| 62.          | Total personal property. Add lii                                     | nes 56 through     | 61                         | \$20,127.52              | Copy personal property to                        | otal <b>\$20,127.52</b> |
| 0.5          |                                                                      |                    | FF 11 00                   |                          |                                                  |                         |
| 63.          | Total of all property on Schedu                                      | uie A/B. Add lin   | e 55 + line 62             |                          |                                                  | \$20,127.52             |

Official Form 106A/B Schedule A/B: Property page 6

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|                               | Out                                                                                             | JC 10 10202 B00                                                                                                                | Document                                                             | F                      | Page 16 of 55                                                              | .10 Describan                                                       |
|-------------------------------|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------|
| Fill                          | in this inform                                                                                  | ation to identify your case:                                                                                                   |                                                                      |                        |                                                                            |                                                                     |
| Deb                           | tor 1                                                                                           | Thomas Adam Phipps First Name                                                                                                  | Middle Name                                                          |                        | ast Name                                                                   |                                                                     |
| Deb                           | tor 2                                                                                           | FIIST Name                                                                                                                     | Middle Name                                                          |                        | ast Name                                                                   |                                                                     |
| (Spot                         | use if, filing)                                                                                 | First Name                                                                                                                     | Middle Name                                                          | L                      | ast Name                                                                   |                                                                     |
| Unit                          | ed States Ban                                                                                   | kruptcy Court for the: NOF                                                                                                     | RTHERN DISTRICT OF                                                   | ILLIN                  | OIS                                                                        |                                                                     |
| Cas<br>(if kno                | e number                                                                                        |                                                                                                                                |                                                                      |                        |                                                                            | ☐ Check if this is an amended filing                                |
| Sc                            | hedule                                                                                          | m 106C  C: The Prope                                                                                                           |                                                                      |                        | •                                                                          | 4/16 r supplying correct information. Using                         |
| the p                         | roperty you lis                                                                                 | ted on Schedule A/B: Propert attach to this page as many of                                                                    | ty (Official Form 106A/B)                                            | as yo                  | our source, list the property that you                                     |                                                                     |
| spec<br>any a<br>fund<br>exen | ific dollar am<br>applicable sta<br>s—may be ur<br>aption to a pa                               | ount as exempt. Alternative<br>atutory limit. Some exemption<br>alimited in dollar amount. He                                  | ely, you may claim the for such as those for owever, if you claim an | ull fa<br>heal<br>exen | th aids, rights to receive certain b<br>nption of 100% of fair market valu | ing exempted up to the amount of enefits, and tax-exempt retirement |
| Part                          | 1: Identify                                                                                     | the Property You Claim as                                                                                                      | Exempt                                                               |                        |                                                                            |                                                                     |
| 1. \                          | Which set of                                                                                    | exemptions are you claimin                                                                                                     | <b>q?</b> Check one only, eve                                        | n if vo                | our spouse is filing with you.                                             |                                                                     |
|                               | _                                                                                               | iming state and federal nonba                                                                                                  | •                                                                    |                        | , ,                                                                        |                                                                     |
|                               | _                                                                                               | 3                                                                                                                              |                                                                      | 11 0.0                 | 3.C. 9 322(D)(3)                                                           |                                                                     |
|                               |                                                                                                 | iming federal exemptions. 11                                                                                                   | • ( )( )                                                             |                        |                                                                            |                                                                     |
|                               |                                                                                                 |                                                                                                                                | B that you claim as exe                                              | •                      | fill in the information below.                                             |                                                                     |
|                               |                                                                                                 | n of the property and line on<br>hat lists this property                                                                       | Current value of the<br>portion you own                              | Am                     | ount of the exemption you claim                                            | Specific laws that allow exemption                                  |
|                               |                                                                                                 |                                                                                                                                | Copy the value from<br>Schedule A/B                                  | Che                    | eck only one box for each exemption.                                       |                                                                     |
|                               | 2010 Cadilla<br>Vehicle:                                                                        | c srx 84000 miles                                                                                                              | \$13,977.00                                                          |                        | \$0.00                                                                     | 735 ILCS 5/12-1001(c)                                               |
|                               | Line from Scho                                                                                  | edule A/B: <b>3.1</b>                                                                                                          |                                                                      |                        | 100% of fair market value, up to any applicable statutory limit            |                                                                     |
|                               |                                                                                                 | scellaneous furniture and                                                                                                      | d \$1,000.00                                                         |                        | \$1,000.00                                                                 | 735 ILCS 5/12-1001(b)                                               |
| (<br> <br> <br> <br>          | debtor's pos<br>not limited t<br>living/family<br>room set, ch<br>other misc h<br>at debtor's r | ssession, including but<br>o: bedroom set,<br>room set, kitchen/dining<br>nairs, lamps, tables, and<br>nousehold goods, locate | _                                                                    |                        | 100% of fair market value, up to any applicable statutory limit            |                                                                     |
| l                             | Line from Sch                                                                                   | edule A/B: <b>6.1</b>                                                                                                          |                                                                      |                        |                                                                            |                                                                     |
| 1                             | Debtor's ele                                                                                    | ctronics: misc.                                                                                                                | \$500.00                                                             |                        | \$500.00                                                                   | 735 ILCS 5/12-1001(b)                                               |

\$1000.00

\$500.00

\$500.00

100% of fair market value, up to

any applicable statutory limit

electronics i.e. including but not limited to t.v., radio, speakers,

smartphone, electronic games, etc.

located at debtor's residence, total estimated FMV approximately under

Line from Schedule A/B: 7.1

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| Del | otor 1 Thomas Adam Phipps                                                                                                                                                                                          |                                                                        |         | Case number (if known)                                                  |                                    |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|---------|-------------------------------------------------------------------------|------------------------------------|
|     | Brief description of the property and line on Schedule A/B that lists this property                                                                                                                                | Current value of the portion you own  Copy the value from Schedule A/B |         | ount of the exemption you claim<br>eck only one box for each exemption. | Specific laws that allow exemption |
|     | Debtor's knicknacks, odds and ends,                                                                                                                                                                                | \$500.00                                                               |         | \$500.00                                                                | 735 ILCS 5/12-1001(a)              |
|     | including but not limited to: picture, decor, books, collectables, etc. located at debtor's residence, total estimated FMV approximately under \$500, Line from Schedule A/B: 8.1                                  |                                                                        |         | 100% of fair market value, up to any applicable statutory limit         |                                    |
|     | Debtor misc hobby & sports equipment, including but not limited                                                                                                                                                    | \$250.00                                                               |         | \$250.00                                                                | 735 ILCS 5/12-1001(b)              |
|     | to bike, sports equipment, balls, camera, located at debtor's residence, total estimated FMV approximately under \$250. Line from Schedule A/B: 9.1                                                                |                                                                        |         | 100% of fair market value, up to any applicable statutory limit         |                                    |
|     | Debtor's used clothing, including but not limited to shirts, pants, coats,                                                                                                                                         | \$2,000.00                                                             |         | \$2,000.00                                                              | 735 ILCS 5/12-1001(a)              |
|     | jackets, jeans, underclothing, socks, shoes, shorts, t-shirts, swimsuits, boots, sandels, purses, belts, hats, gloves, dresses, childrens clothing, etc located at debtor's residence Line from Schedule A/B: 11.1 |                                                                        |         | 100% of fair market value, up to any applicable statutory limit         |                                    |
|     | Debtor's cash & coins on hand in cookie jar/under mattress, etc. for                                                                                                                                               | \$100.00                                                               |         | \$100.00                                                                | 735 ILCS 5/12-1001(b)              |
|     | emergencies, snow days, etc,<br>located at debtor's residence, current<br>estimated FMV not over \$100 at a<br>time.<br>Line from <i>Schedule A/B</i> : 16.1                                                       |                                                                        |         | 100% of fair market value, up to any applicable statutory limit         |                                    |
|     | Checking Account: Navy Federal Line from Schedule A/B: 17.1                                                                                                                                                        | \$5.96                                                                 |         | \$5.96                                                                  | 735 ILCS 5/12-1001(b)              |
|     | Line Holli Schedule A/B. 1111                                                                                                                                                                                      |                                                                        |         | 100% of fair market value, up to any applicable statutory limit         |                                    |
|     | Checking Account: Chase Line from Schedule A/B: 17.2                                                                                                                                                               | \$1,794.56                                                             |         | \$1,794.56                                                              | 735 ILCS 5/12-1001(b)              |
|     |                                                                                                                                                                                                                    |                                                                        |         | 100% of fair market value, up to any applicable statutory limit         |                                    |
| 3.  | Are you claiming a homestead exemption of (Subject to adjustment on 4/01/19 and every 3  ■ No  Yes. Did you acquire the property covere  No Yes                                                                    | years after that for ca                                                | ises fi | ·                                                                       | ,                                  |

| Ca                     | Se 10-13232               | Doc 1 Filed 04/19/16 Pocument F                                                                | Entere<br>2age 18 | 10 04/19/10 12.1<br>R of 55                             | U7.15 Desc iv                                | Idili                    |
|------------------------|---------------------------|------------------------------------------------------------------------------------------------|-------------------|---------------------------------------------------------|----------------------------------------------|--------------------------|
| Fill in this inform    | nation to identify you    |                                                                                                |                   | 1 ()[ . ]. ]                                            |                                              |                          |
| Debtor 1               | Thomas Adam               | Phinns                                                                                         |                   |                                                         |                                              |                          |
| Debior 1               | First Name                |                                                                                                | _ast Name         |                                                         |                                              |                          |
| Debtor 2               |                           |                                                                                                |                   |                                                         |                                              |                          |
| (Spouse if, filing)    | First Name                | Middle Name L                                                                                  | _ast Name         |                                                         |                                              |                          |
| United States Bar      | nkruptcy Court for the    | : NORTHERN DISTRICT OF ILLIN                                                                   | OIS               |                                                         |                                              |                          |
| Case number            |                           |                                                                                                |                   |                                                         |                                              |                          |
| (if known)             |                           |                                                                                                |                   |                                                         | _                                            | if this is an            |
|                        |                           |                                                                                                |                   |                                                         | ameno                                        | ded filing               |
| Official Form          | 106D                      |                                                                                                |                   |                                                         |                                              |                          |
|                        |                           | Who Have Claims So                                                                             | ecure             | d by Property                                           | v                                            | 12/15                    |
|                        |                           |                                                                                                |                   | <u> </u>                                                |                                              |                          |
|                        |                           | If two married people are filing together,<br>out, number the entries, and attach it to t      |                   |                                                         |                                              |                          |
| , ,                    | have claims secured b     | y your property?                                                                               |                   |                                                         |                                              |                          |
| ☐ No. Check            | this box and submit t     | his form to the court with your other sc                                                       | hedules. Y        | ou have nothing else to                                 | o report on this form.                       |                          |
| Yes. Fill in           | all of the information    | below.                                                                                         |                   | -                                                       |                                              |                          |
| Part 1: List All       | I Secured Claims          |                                                                                                |                   |                                                         |                                              |                          |
| 2. List all secured of | claims. If a creditor has | more than one secured claim, list the creditor                                                 | or separately     | , Column A                                              | Column B                                     | Column C                 |
| for each claim. If mo  | ore than one creditor has | s a particular claim, list the other creditors in ical order according to the creditor's name. |                   | Amount of claim  Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 Fifth Third        | l Bank                    | Describe the property that secures the                                                         | claim:            | \$14,221.27                                             | \$13,977.00                                  | \$244.27                 |
| Creditor's Name        | ,                         | 2010 Cadillac srx 84000 miles Vehicle:                                                         |                   |                                                         |                                              |                          |
| 2632 Erie              | Δνεημε                    | As of the date you file, the claim is: Che                                                     | eck all that      |                                                         |                                              |                          |
|                        | , OH 45208                | apply.  Contingent                                                                             |                   |                                                         |                                              |                          |
| Number, Street,        | City, State & Zip Code    | ☐ Unliquidated                                                                                 |                   |                                                         |                                              |                          |
|                        |                           | ☐ Disputed                                                                                     |                   |                                                         |                                              |                          |
| Who owes the del       | bt? Check one.            | Nature of lien. Check all that apply.                                                          |                   |                                                         |                                              |                          |
| Debtor 1 only          |                           | An agreement you made (such as more car loan)                                                  | rtgage or sec     | cured                                                   |                                              |                          |
| Debtor 2 only          |                           | car loan)                                                                                      |                   |                                                         |                                              |                          |
| Debtor 1 and De        | btor 2 only               | ☐ Statutory lien (such as tax lien, mecha                                                      | ınic's lien)      |                                                         |                                              |                          |
|                        | ne debtors and another    | ☐ Judgment lien from a lawsuit                                                                 |                   |                                                         |                                              |                          |
| Check if this cla      |                           | ☐ Other (including a right to offset)                                                          |                   |                                                         |                                              |                          |
| Date debt was incu     | urred 05/4/2014           | Last 4 digits of account number                                                                | 5771              |                                                         |                                              |                          |
|                        |                           |                                                                                                |                   |                                                         |                                              |                          |
| Add the dollar va      | lue of your entries in (  | Column A on this page. Write that number                                                       | r here:           | \$14,22                                                 | 1.27                                         |                          |
|                        | •                         | the dollar value totals from all pages.                                                        |                   |                                                         |                                              |                          |
| Write that number      | er here:                  | · •                                                                                            |                   | \$14,22                                                 | 1.41                                         |                          |

### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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|                                                          | 000 10 10202                                                                                                         | Document                                                                                                        | Page 1                                          | 9 of 55                                                                                                                                                                                     | Descrivani                                                                                      |
|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| Fill in this infor                                       | mation to identify your                                                                                              |                                                                                                                 |                                                 |                                                                                                                                                                                             |                                                                                                 |
| Debtor 1                                                 | Thomas Adam Ph                                                                                                       | nipps                                                                                                           |                                                 |                                                                                                                                                                                             |                                                                                                 |
|                                                          | First Name                                                                                                           | Middle Name                                                                                                     | Last Name                                       |                                                                                                                                                                                             |                                                                                                 |
| Debtor 2<br>(Spouse if, filing)                          | First Name                                                                                                           | Middle Name                                                                                                     | Last Name                                       |                                                                                                                                                                                             |                                                                                                 |
| United States B                                          | ankruptcy Court for the:                                                                                             | NORTHERN DISTRICT OF ILL                                                                                        | INOIS                                           |                                                                                                                                                                                             |                                                                                                 |
|                                                          |                                                                                                                      | -                                                                                                               |                                                 |                                                                                                                                                                                             |                                                                                                 |
| Case number<br>(if known)                                |                                                                                                                      |                                                                                                                 |                                                 |                                                                                                                                                                                             | ☐ Check if this is an amended filing                                                            |
| Official For                                             | m 106E/E                                                                                                             |                                                                                                                 |                                                 |                                                                                                                                                                                             |                                                                                                 |
|                                                          |                                                                                                                      | /ho Have Unsecured                                                                                              | Claime                                          |                                                                                                                                                                                             | 12/15                                                                                           |
| ny executory cor<br>schedule G: Exec<br>schedule D: Cred | ntracts or unexpired leases<br>utory Contracts and Unexp<br>itors Who Have Claims Sec<br>ntinuation Page to this pag | that could result in a claim. Also listing Leases (Official Form 106G). Do ured by Property. If more space is n | st executory on<br>onot include<br>seeded, copy | Part 2 for creditors with NONPRIORI contracts on Schedule A/B: Property any creditors with partially secured the Part you need, fill it out, number do not file that Part. On the top of ar | r (Official Form 106A/B) and on<br>claims that are listed in<br>the entries in the boxes on the |
|                                                          | All of Your PRIORITY Un                                                                                              | secured Claims                                                                                                  |                                                 |                                                                                                                                                                                             |                                                                                                 |
|                                                          | tors have priority unsecure                                                                                          |                                                                                                                 |                                                 |                                                                                                                                                                                             |                                                                                                 |
| ■ No. Go to                                              | Part 2.                                                                                                              |                                                                                                                 |                                                 |                                                                                                                                                                                             |                                                                                                 |
| ☐ Yes.                                                   |                                                                                                                      |                                                                                                                 |                                                 |                                                                                                                                                                                             |                                                                                                 |
| Part 2: List                                             | All of Your NONPRIORIT                                                                                               | Y Unsecured Claims                                                                                              |                                                 |                                                                                                                                                                                             |                                                                                                 |
| Yes.  4. List all of you unsecured cla                   | ur nonpriority unsecured cl<br>im, list the creditor separatel                                                       | y for each claim. For each claim listed,                                                                        | creditor who                                    | o holds each claim. If a creditor has make type of claim it is. Do not list claims alrest three nonpriority unsecured claims fill                                                           | eady included in Part 1. If more                                                                |
| Fait 2.                                                  |                                                                                                                      |                                                                                                                 |                                                 |                                                                                                                                                                                             | Total claim                                                                                     |
| 4.1 Capita                                               | I One                                                                                                                | Last 4 digits of acco                                                                                           | ount number                                     | 9061                                                                                                                                                                                        | \$25,555.00                                                                                     |
| РО Во                                                    | ity Creditor's Name  x 30285                                                                                         | When was the debt                                                                                               | incurred?                                       | Date Opened: 12/1/2013 La<br>Used: 10/14/2015                                                                                                                                               | ast                                                                                             |
|                                                          | ike City, UT 84130                                                                                                   | As of the date you fi                                                                                           | ila tha alaim i                                 | Charle all that apply                                                                                                                                                                       |                                                                                                 |
|                                                          | Street City State Zlp Code urred the debt? Check one.                                                                | As of the date you fi                                                                                           | ne, the claim                                   | is: Check all that apply                                                                                                                                                                    |                                                                                                 |
| ■ Debto                                                  | or 1 only                                                                                                            | ☐ Contingent                                                                                                    |                                                 |                                                                                                                                                                                             |                                                                                                 |
| ☐ Debto                                                  | or 2 only                                                                                                            | ☐ Unliquidated                                                                                                  |                                                 |                                                                                                                                                                                             |                                                                                                 |
| ☐ Debto                                                  | or 1 and Debtor 2 only                                                                                               | ☐ Disputed                                                                                                      |                                                 |                                                                                                                                                                                             |                                                                                                 |
| ☐ At lea                                                 | st one of the debtors and and                                                                                        |                                                                                                                 | TY unsecured                                    | d claim:                                                                                                                                                                                    |                                                                                                 |
|                                                          | k if this claim is for a com                                                                                         |                                                                                                                 |                                                 |                                                                                                                                                                                             |                                                                                                 |
| debt<br>Is the cla                                       | aim subject to offset?                                                                                               | ☐ Obligations arising report as priority clain                                                                  |                                                 | aration agreement or divorce that you d                                                                                                                                                     | lid not                                                                                         |
| ■ No                                                     |                                                                                                                      |                                                                                                                 |                                                 | ng plans, and other similar debts                                                                                                                                                           |                                                                                                 |
| ☐ Yes                                                    |                                                                                                                      | • Other. Specify                                                                                                | -                                               |                                                                                                                                                                                             |                                                                                                 |
|                                                          |                                                                                                                      |                                                                                                                 |                                                 |                                                                                                                                                                                             |                                                                                                 |

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| Commonwealth Edison                                                      | Last 4 digits of account number                |                                                 | \$200.00 |
|--------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------|----------|
| lonpriority Creditor's Name<br>B Lincoln Center<br>Attn Bank Dept        | When was the debt incurred?                    |                                                 |          |
| Oak Brook Terrace, IL 60181                                              | _                                              |                                                 |          |
| Number Street City State Zlp Code  Who incurred the debt? Check one.     | As of the date you file, the claim             | is: Check all that apply                        |          |
| <u> </u>                                                                 |                                                |                                                 |          |
| Debtor 1 only                                                            | Contingent                                     |                                                 |          |
| Debtor 2 only                                                            | ☐ Unliquidated                                 |                                                 |          |
| Debtor 1 and Debtor 2 only                                               | Disputed                                       | d alatas                                        |          |
| At least one of the debtors and another                                  | Type of NONPRIORITY unsecured  ☐ Student loans | a ciaim:                                        |          |
| Check if this claim is for a community ebt sthe claim subject to offset? | _                                              | aration agreement or divorce that you did not   |          |
| No                                                                       | Debts to pension or profit-sharir              | an plane, and other similar debts               |          |
|                                                                          | ·                                              | ig plans, and other similar debts               |          |
| Yes                                                                      | Other. Specify Utilities                       |                                                 |          |
| Department of the Treasury Ionpriority Creditor's Name                   | Last 4 digits of account number                |                                                 | \$0.00   |
| nternal Revenue Service<br>P.O.Box 7346                                  | When was the debt incurred?                    |                                                 |          |
| Philadelphia, PA 19101-7346                                              |                                                |                                                 |          |
| lumber Street City State Zlp Code  Who incurred the debt? Check one.     | As of the date you file, the claim             | is: Check all that apply                        |          |
| Debtor 1 only                                                            | Пол                                            |                                                 |          |
| _                                                                        | Contingent                                     |                                                 |          |
| Debtor 2 only                                                            | ☐ Unliquidated                                 |                                                 |          |
| Debtor 1 and Debtor 2 only                                               | ☐ Disputed  Type of NONPRIORITY unsecure       | d claim:                                        |          |
| At least one of the debtors and another                                  | Student loans                                  | u ciann.                                        |          |
| ☐ Check if this claim is for a community<br>lebt                         | _                                              | aration agreement or divorce that you did not   |          |
| s the claim subject to offset?                                           | report as priority claims                      | aration agreement of divorce that you did not   |          |
| No                                                                       | Debts to pension or profit-sharing             | ng plans, and other similar debts               |          |
| Yes                                                                      | Other. Specify for Informa                     | tion Purposes                                   |          |
| Dillards                                                                 | Last 4 digits of account number                | 1062                                            | \$154.00 |
| Nonpriority Creditor's Name                                              | _                                              | Deta Onemada 05/4/004 4 Least                   |          |
| PO BOX 14517<br>DES MOINES, IA 50306                                     | When was the debt incurred?                    | Date Opened: 05/1/2014 Last<br>Used: 01/10/2016 |          |
| Number Street City State Zlp Code                                        | As of the date you file, the claim             | is: Check all that apply                        |          |
| Who incurred the debt? Check one.                                        |                                                |                                                 |          |
| Debtor 1 only                                                            | ☐ Contingent                                   |                                                 |          |
| Debtor 2 only                                                            | ☐ Unliquidated                                 |                                                 |          |
| Debtor 1 and Debtor 2 only                                               | ☐ Disputed                                     |                                                 |          |
| At least one of the debtors and another                                  | Type of NONPRIORITY unsecure                   | d claim:                                        |          |
| ☐ Check if this claim is for a community                                 |                                                | aration agreement or divorce that you did not   |          |
| s the claim subject to offset?                                           | report as priority claims                      |                                                 |          |
| No                                                                       | Debts to pension or profit-sharing             | ng plans, and other similar debts               |          |
| ☐Yes                                                                     | Other. Specify                                 |                                                 |          |

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Debtor 1 Thomas Adam Phipps Case number (if know) 4.5 \$0.00 **Divison of Traffic Safety** Last 4 digits of account number Nonpriority Creditor's Name **Accident Records Division** When was the debt incurred? 1340 N 9th St Springfield, IL 62766-0001 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts No ☐ Yes Other. Specify 4.6 **Equifax Credit Information Services** Last 4 digits of account number \$0.00 Nonpriority Creditor's Name When was the debt incurred? **Bankruptcy Department** P.O Box 740241 Atlanta, GA 30374-0241 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify for notice information purposes only ☐ Yes Last 4 digits of account number **Experian** \$0.00 Nonpriority Creditor's Name When was the debt incurred? **Bankruptcy Dept** P.O.Box 2002 Allen, TX 75013 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify for notice information purposes only ☐ Yes

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Debtor 1 Thomas Adam Phipps Case number (if know) 4.8 \$500.00 **Harris & Harris** Last 4 digits of account number 6928 Nonpriority Creditor's Name 600 W Jackson Blvd, Suite 400 When was the debt incurred? Chicago, IL 60661 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify PARKING TICKETS ☐ Yes 4.9 **II Dept of Human Services** Last 4 digits of account number \$0.00 Nonpriority Creditor's Name 100 South Grand Ave East When was the debt incurred? (800) 843-6154 Springfield, IL 62762 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.1 **II Dept of Transportation** \$0.00 Last 4 digits of account number 0 Nonpriority Creditor's Name Div of Trans/ Crash Records When was the debt incurred? Section 130 North 9th St Springfield, IL 62766-0020 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other Specify notice purposes ☐ Yes

|          | Case 10-13252 D0C1                                                        | Page 22 of FF                                                                                           | viairi      |
|----------|---------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-------------|
| Debto    | Thomas Adam Phipps                                                        | Document Page 23 of 55 Case number (if know)                                                            |             |
| 4.1<br>1 | Law Offices of Andre & Diokno                                             | Last 4 digits of account number 8869                                                                    | \$2,060.04  |
|          | Nonpriority Creditor's Name c/o Affirmative Insurance 1043 S York Rd #104 | When was the debt incurred?                                                                             |             |
|          | Bensenville, IL 60106                                                     |                                                                                                         |             |
|          | Number Street City State Zlp Code  Who incurred the debt? Check one.      | As of the date you file, the claim is: Check all that apply                                             |             |
|          | Debtor 1 only                                                             | ☐ Contingent                                                                                            |             |
|          | Debtor 2 only                                                             | ☐ Unliquidated                                                                                          |             |
|          | Debtor 1 and Debtor 2 only                                                | ☐ Disputed                                                                                              |             |
|          | ☐ At least one of the debtors and another                                 | Type of NONPRIORITY unsecured claim:                                                                    |             |
|          | ☐ Check if this claim is for a community                                  | ☐ Student loans                                                                                         |             |
|          | debt Is the claim subject to offset?                                      | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
|          | ■ No                                                                      | ☐ Debts to pension or profit-sharing plans, and other similar debts                                     |             |
|          |                                                                           | _ TORT(NOT PERSONAL INJURY) c/o                                                                         |             |
|          | Yes                                                                       | Other. Specify Affirmative Ins ASO MARTAIN ARNEAK                                                       |             |
| 4.1      | Law Offices of VLAHAKIS MICHAEL                                           |                                                                                                         |             |
| 2        | E                                                                         | Last 4 digits of account number 3343                                                                    | \$10,000.00 |
|          | Nonpriority Creditor's Name c/o FRANKLIN, ARETHA                          | When was the debt incurred?                                                                             |             |
|          | 77 W WASHINGTON #5519                                                     |                                                                                                         |             |
|          | Chicago, IL 60602                                                         |                                                                                                         |             |
|          | Number Street City State Zlp Code  Who incurred the debt? Check one.      | As of the date you file, the claim is: Check all that apply                                             |             |
|          | <u> </u>                                                                  | По                                                                                                      |             |
|          | Debtor 1 only                                                             | Contingent                                                                                              |             |
|          | Debtor 2 only                                                             | Unliquidated                                                                                            |             |
|          | Debtor 1 and Debtor 2 only                                                | ☐ Disputed  Type of NONPRIORITY unsecured claim:                                                        |             |
|          | ☐ At least one of the debtors and another                                 | Student loans                                                                                           |             |
|          | ☐ Check if this claim is for a community debt                             | ☐ Obligations arising out of a separation agreement or divorce that you did not                         |             |
|          | Is the claim subject to offset?                                           | report as priority claims                                                                               |             |
|          | ■ No                                                                      | Debts to pension or profit-sharing plans, and other similar debts                                       |             |
|          | □Yes                                                                      | ■ Other. Specify PERSONAL INJURY(MOTOR VEHICLE)                                                         |             |
| 4.1      | Linebarger Goggan Blair &                                                 |                                                                                                         |             |
| 3        | Sampson                                                                   | Last 4 digits of account number                                                                         | \$300.00    |
|          | Nonpriority Creditor's Name Attorneys at Law                              | When was the debt incurred?                                                                             |             |
|          | P O Box 06152                                                             | Then was the dest mounted.                                                                              |             |
|          | Chicago, IL 60606-0152                                                    |                                                                                                         |             |
|          | Number Street City State Zlp Code Who incurred the debt? Check one.       | As of the date you file, the claim is: Check all that apply                                             |             |
|          | Debtor 1 only                                                             | ☐ Contingent                                                                                            |             |
|          | ☐ Debtor 2 only                                                           | ☐ Unliquidated                                                                                          |             |
|          | ☐ Debtor 1 and Debtor 2 only                                              | ☐ Disputed                                                                                              |             |
|          | ☐ At least one of the debtors and another                                 | Type of NONPRIORITY unsecured claim:                                                                    |             |
|          | ☐ Check if this claim is for a community                                  | ☐ Student loans                                                                                         |             |
|          | debt                                                                      | $\square$ Obligations arising out of a separation agreement or divorce that you did not                 |             |
|          | Is the claim subject to offset?                                           | report as priority claims                                                                               |             |

☐ Yes

■ No

Other Specify violations

 $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts

Collection for City of Chicago for parking

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| Debio    | Inomas Adam Phipps                                                   |                                                              | Case number (if know)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |
|----------|----------------------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| 4.1      | Military Star                                                        | Last 4 digits of account number                              | 0515                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$2,663.00 |
|          | Nonpriority Creditor's Name                                          |                                                              | Date Opened: 04/1/2009 Last                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |
|          | 3911 S WALTON WALKER BLVD Dallas, TX 75236                           | When was the debt incurred?                                  | Used: 09/1/2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |
|          | Number Street City State Zlp Code Who incurred the debt? Check one.  | As of the date you file, the claim                           | is: Check all that apply                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |
|          | Debtor 1 only                                                        | ☐ Contingent                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |
|          | ☐ Debtor 2 only                                                      | ☐ Unliquidated                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |
|          | ☐ Debtor 1 and Debtor 2 only                                         | ☐ Disputed                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |
|          | $\square$ At least one of the debtors and another                    | Type of NONPRIORITY unsecured                                | d claim:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |
|          | ☐ Check if this claim is for a community debt                        | ☐ Student loans ☐ Obligations arising out of a sepa          | aration agreement or divorce that you did not                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |
|          | Is the claim subject to offset?                                      | report as priority claims                                    | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |
|          | ■ No                                                                 | Debts to pension or profit-sharing                           | g plans, and other similar debts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |
|          | Yes                                                                  | Other. Specify                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |
| 4.1<br>5 | nAVY fEDERAL                                                         | Last 4 digits of account number                              | 9472                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$8,789.53 |
|          | Nonpriority Creditor's Name PO BOX 3700 MERRIFIELD, VA 22119         | When was the debt incurred?                                  | 08/1/2014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |
|          | Number Street City State Zlp Code                                    | As of the date you file, the claim i                         | is: Check all that apply                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |
|          | Who incurred the debt? Check one.                                    |                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |
|          | ■ Debtor 1 only                                                      | ☐ Contingent                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |
|          | ☐ Debtor 2 only                                                      | ☐ Unliquidated                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |
|          | ☐ Debtor 1 and Debtor 2 only                                         | ☐ Disputed                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |
|          | $\square$ At least one of the debtors and another                    | Type of NONPRIORITY unsecured                                | d claim:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |
|          | ☐ Check if this claim is for a community                             | ☐ Student loans                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |
|          | debt Is the claim subject to offset?                                 | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |
|          | ■ No                                                                 | Debts to pension or profit-sharing                           | g plans, and other similar debts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |
|          | Yes                                                                  | Other. Specify                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |
| 4.1      | nAVY fEDERAL                                                         | Last 4 digits of account number                              | 4081                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$6,288.53 |
|          | Nonpriority Creditor's Name  10750 MCDERMOTT FWY                     |                                                              | Date Opened: 05/1/2015 Last                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |
|          | SAN ANTONIO, TX 78288                                                | When was the debt incurred?                                  | Used: 10/1/2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |
|          | Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim                           | is: Check all that apply                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |
|          | Debtor 1 only                                                        | ☐ Contingent                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |
|          | ☐ Debtor 2 only                                                      | ☐ Unliquidated                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |
|          | ☐ Debtor 1 and Debtor 2 only                                         | ☐ Disputed                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |
|          | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured                                | d claim:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |
|          | ☐ Check if this claim is for a community                             | ☐ Student loans                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |
|          | debt                                                                 |                                                              | aration agreement or divorce that you did not                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |
|          | Is the claim subject to offset?                                      | report as priority claims  Debts to pension or profit-sharin | og plans, and other similar debts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |
|          | ■ No                                                                 |                                                              | א פונים אונים אוניווים שבינים אונים אינים איני |            |
|          | 1 1 1 1 1 1 2 2                                                      | Other Cresify                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |

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Debtor 1 Thomas Adam Phipps Case number (if know) 4.1 \$200.00 **Nicor Gas** Last 4 digits of account number Nonpriority Creditor's Name **Bankruptcy Dept** When was the debt incurred? **POB 2020** Aurora, IL 60507-0310 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Utilities 4.1 **Peoples Gas** \$300.00 Last 4 digits of account number 8 Nonpriority Creditor's Name When was the debt incurred? Chicago, IL 60687-0001 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify utilities 4.1 Secretary of State \$0.00 9 Last 4 digits of account number Nonpriority Creditor's Name **Drivers Services Depart, Traffic V** When was the debt incurred? 2701 S. Dirksen Pwy Springfield, IL 62723-0001 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify for Information Purposes ☐ Yes

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Case number (if know)

| DCDI     | Illomas Adam Filipps                                                                                       |                                                            |                                                |          |
|----------|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|------------------------------------------------|----------|
| 4.2<br>0 | State of Illinois                                                                                          | Last 4 digits of account number                            |                                                | \$0.00   |
|          | Nonpriority Creditor's Name Dept. Employment Security POBox 4385 Benefit repayments Chicago, IL 60680-4385 | When was the debt incurred?                                |                                                |          |
|          | Number Street City State Zlp Code                                                                          | As of the date you file, the claim                         | is: Check all that apply                       |          |
|          | Who incurred the debt? Check one.                                                                          |                                                            |                                                |          |
|          | Debtor 1 only                                                                                              | ☐ Contingent                                               |                                                |          |
|          | Debtor 2 only                                                                                              | ☐ Unliquidated                                             |                                                |          |
|          | ☐ Debtor 1 and Debtor 2 only                                                                               | ☐ Disputed                                                 |                                                |          |
|          | ☐ At least one of the debtors and another                                                                  | Type of NONPRIORITY unsecure                               | d claim:                                       |          |
|          | ☐ Check if this claim is for a community                                                                   | ☐ Student loans                                            |                                                |          |
|          | debt Is the claim subject to offset?                                                                       | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not   |          |
|          | ■ No                                                                                                       | Debts to pension or profit-sharing                         | g plans, and other similar debts               |          |
|          | ☐ Yes                                                                                                      | Other. Specify uemploymen                                  | ent benefits                                   |          |
| 4.2      |                                                                                                            |                                                            |                                                |          |
| 1        | SYNCHRONY BANK/WALMART                                                                                     | Last 4 digits of account number                            | 9183                                           | \$450.00 |
|          | Nonpriority Creditor's Name  PO BOX 965024                                                                 | When was the debt incurred?                                | Date Opened: 05/1/2002 Last<br>Used: 02/1/2016 |          |
|          | ORLANDO, FL 32896                                                                                          | when was the debt incurred?                                | Used. 02/1/2016                                |          |
|          | Number Street City State Zlp Code  Who incurred the debt? Check one.                                       | As of the date you file, the claim                         | is: Check all that apply                       |          |
|          | Debtor 1 only                                                                                              | ☐ Contingent                                               |                                                |          |
|          | Debtor 2 only                                                                                              | ☐ Unliquidated                                             |                                                |          |
|          | Debtor 1 and Debtor 2 only                                                                                 | ☐ Disputed                                                 |                                                |          |
|          | ☐ At least one of the debtors and another                                                                  | Type of NONPRIORITY unsecure                               | d claim:                                       |          |
|          | ☐ Check if this claim is for a community                                                                   | ☐ Student loans                                            |                                                |          |
|          | debt                                                                                                       |                                                            | ration agreement or divorce that you did not   |          |
|          | Is the claim subject to offset?                                                                            | report as priority claims                                  |                                                |          |
|          | ■ No<br>□ Yes                                                                                              | Debts to pension or profit-sharing                         | g plans, and other similar debts               |          |
|          |                                                                                                            | — Other. Specify                                           |                                                |          |
| 4.2<br>2 | TransUnion                                                                                                 | Last 4 digits of account number                            |                                                | \$0.00   |
|          | Nonpriority Creditor's Name  Bankruptcy Department                                                         | When was the debt incurred?                                |                                                |          |
|          | P.O.Box 1000<br>Chester, PA 19022                                                                          |                                                            |                                                |          |
|          | Number Street City State Zlp Code                                                                          | As of the date you file, the claim                         | is: Check all that apply                       |          |
|          | Who incurred the debt? Check one.                                                                          |                                                            |                                                |          |
|          | Debtor 1 only                                                                                              | ☐ Contingent                                               |                                                |          |
|          | Debtor 2 only                                                                                              | ☐ Unliquidated                                             |                                                |          |
|          | ☐ Debtor 1 and Debtor 2 only                                                                               | ☐ Disputed                                                 |                                                |          |
|          | $\square$ At least one of the debtors and another                                                          | Type of NONPRIORITY unsecure                               | d claim:                                       |          |
|          | Check if this claim is for a community                                                                     | Student loans                                              |                                                |          |
|          | debt Is the claim subject to offset?                                                                       | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not   |          |
|          | ■ No                                                                                                       | ☐ Debts to pension or profit-sharing                       | g plans, and other similar debts               |          |
|          | ☐ Yes                                                                                                      | Other. Specify for notice i                                | nformation purposes only                       |          |
|          |                                                                                                            |                                                            |                                                |          |

Part 3: List Others to Be Notified About a Debt That You Already Listed

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

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Debtor 1 Thomas Adam Phipps

| have more than one creditor for any of the debts<br>notified for any debts in Parts 1 or 2, do not fill o |                                                                  | dditional creditors here. If you do not have additional persons to be                                                                  |
|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Name and Address City of Chicago Department of Revenue                                                    | On which entry in Part 1 or Part 2 did Line 4.13 of (Check one): | you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims |
| POBox 88292<br>Chicago, IL 60680-1292                                                                     |                                                                  | - Part 2: Creditors with Nonphority Onsecured Claims                                                                                   |
|                                                                                                           | Last 4 digits of account number                                  |                                                                                                                                        |
| Name and Address                                                                                          | On which entry in Part 1 or Part 2 did                           | <u> </u>                                                                                                                               |
| City of Chicago Department of Revenue/Parking                                                             | Line 4.8 of (Check one):                                         | Part 1: Creditors with Priority Unsecured Claims                                                                                       |
| Ticks                                                                                                     |                                                                  | Part 2: Creditors with Nonpriority Unsecured Claims                                                                                    |
| 121 N LaSalle, Room 107                                                                                   |                                                                  |                                                                                                                                        |
| Chicago, IL 60601                                                                                         | Last 4 digits of account number                                  |                                                                                                                                        |
|                                                                                                           | Last 4 digits of account number                                  |                                                                                                                                        |
| Name and Address                                                                                          | On which entry in Part 1 or Part 2 did                           | · •                                                                                                                                    |
| City of Chicago Department of Revenue                                                                     | Line 4.8 of (Check one):                                         | Part 1: Creditors with Priority Unsecured Claims                                                                                       |
| POBox 88292                                                                                               |                                                                  | ■ Part 2: Creditors with Nonpriority Unsecured Claims                                                                                  |
| Chicago, IL 60680-1292                                                                                    |                                                                  |                                                                                                                                        |
|                                                                                                           | Last 4 digits of account number                                  |                                                                                                                                        |
| Name and Address                                                                                          | On which entry in Part 1 or Part 2 did                           | ,                                                                                                                                      |
| Harris & Harris<br>600 W Jackson Blvd, Suite 400                                                          | Line 4.8 of (Check one):                                         | Part 1: Creditors with Priority Unsecured Claims                                                                                       |
| Chicago, IL 60661                                                                                         |                                                                  | ■ Part 2: Creditors with Nonpriority Unsecured Claims                                                                                  |
| •                                                                                                         | Last 4 digits of account number                                  |                                                                                                                                        |
| Name and Address                                                                                          | On which entry in Part 1 or Part 2 did                           | you list the original creditor?                                                                                                        |
| IL Dept of Human Services                                                                                 | Line 4.9 of (Check one):                                         | ☐ Part 1: Creditors with Priority Unsecured Claims                                                                                     |
| 401 S. Clinton Street (800) 843-6154                                                                      |                                                                  | Part 2: Creditors with Nonpriority Unsecured Claims                                                                                    |
| Chicago, IL 60607                                                                                         |                                                                  |                                                                                                                                        |
| •                                                                                                         | Last 4 digits of account number                                  |                                                                                                                                        |
| Name and Address                                                                                          | On which entry in Part 1 or Part 2 did                           | you list the original creditor?                                                                                                        |
| Linebarger Goggan Blair &                                                                                 | Line 4.8 of (Check one):                                         | ☐ Part 1: Creditors with Priority Unsecured Claims                                                                                     |
| Sampson<br>Attorneys at Law                                                                               |                                                                  | ■ Part 2: Creditors with Nonpriority Unsecured Claims                                                                                  |
| P O Box 06152                                                                                             |                                                                  |                                                                                                                                        |
| Chicago, IL 60606-0152                                                                                    |                                                                  |                                                                                                                                        |
|                                                                                                           | Last 4 digits of account number                                  |                                                                                                                                        |
| Part 4: Add the Amounts for Each Type o                                                                   | f Unsecured Claim                                                |                                                                                                                                        |

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |     |                                                                                                         |     | Total Claim     |
|--------------|-----|---------------------------------------------------------------------------------------------------------|-----|-----------------|
|              | 6a. | Domestic support obligations                                                                            | 6a. | \$<br>0.00      |
| Total claims |     |                                                                                                         |     |                 |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government                                                    | 6b. | \$<br>0.00      |
|              | 6c. | Claims for death or personal injury while you were intoxicated                                          | 6c. | \$<br>0.00      |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$<br>0.00      |
|              | 6e. | Total Priority. Add lines 6a through 6d.                                                                | 6e. | \$<br>0.00      |
|              |     |                                                                                                         |     | Total Claim     |
|              | 6f. | Student loans                                                                                           | 6f. | \$<br>0.00      |
| Total claims |     |                                                                                                         |     |                 |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$<br>0.00      |
|              | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$<br>0.00      |
|              | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$<br>57,460.10 |

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Debtor 1 Thomas Adam Phipps

Total Nonpriority. Add lines 6f through 6i.

6j. \$ 57,460.10 Case 16-13252 Doc 1 Filed 04/19/16 Entered 04/19/16 12:07:15 Desc Main Document Page 29 of 55

| Fill in this infor  | mation to identify your  | case:             |             |                                      |
|---------------------|--------------------------|-------------------|-------------|--------------------------------------|
| Debtor 1            | Thomas Adam Pl           | hipps             |             |                                      |
|                     | First Name               | Middle Name       | Last Name   |                                      |
| Debtor 2            |                          |                   |             |                                      |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name   |                                      |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |                                      |
| Case number         |                          |                   |             |                                      |
| (if known)          |                          |                   |             | ☐ Check if this is an amended filing |

## Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - □ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Person or company with whom you have the contract or lease<br>Name, Number, Street, City, State and ZIP Code | State what the contract or lease is for |
|--------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| 2.1 Landlord                                                                                                 | residential lease                       |

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|                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DUGUITE                                                                                                                                       | ui Paue 30 0                                                                                                            | L 55                                                                          |                                |
|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------|
| Fill in this in                                 | nformation to identify your                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                               |                                                                                                                         |                                                                               |                                |
| Debtor 1                                        | Thomas Adam Pl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | nipps                                                                                                                                         |                                                                                                                         |                                                                               |                                |
|                                                 | First Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Middle Name                                                                                                                                   | Last Name                                                                                                               |                                                                               |                                |
| Debtor 2<br>(Spouse if, filing)                 | First Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Middle Name                                                                                                                                   | Last Name                                                                                                               |                                                                               |                                |
| United State                                    | s Bankruptcy Court for the:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | NORTHERN DISTRICT                                                                                                                             | OF ILLINOIS                                                                                                             |                                                                               |                                |
| 0                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                               |                                                                                                                         |                                                                               |                                |
| Case numbe                                      | er                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                               |                                                                                                                         | ☐ Check if the amended                                                        |                                |
|                                                 | Form 106H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                               |                                                                                                                         |                                                                               |                                |
| Schedu                                          | ıle H: Your Cod                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ebtors                                                                                                                                        |                                                                                                                         |                                                                               | 12/15                          |
| ■ No □ Yes  2. Within Arizona, ■ No. G □ Yes. I | California, Idaho, Louisiana, Go to line 3. Did your spouse, former spouse, forme | I lived in a community pr<br>Nevada, New Mexico, Pu<br>use, or legal equivalent live<br>ors. Do not include your<br>f that person is a guaran | operty state or territory erto Rico, Texas, Washi e with you at the time?  spouse as a codebtor tor or cosigner. Make s | <b>y?</b> (Community property states and territories                          | erson shown<br>ule D (Official |
| out Col                                         | umn 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                               |                                                                                                                         |                                                                               |                                |
|                                                 | olumn 1: Your codebtor<br>me, Number, Street, City, State and ZI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | P Code                                                                                                                                        |                                                                                                                         | Column 2: The creditor to whom you on Check all schedules that apply:         | we the debt                    |
|                                                 | ame Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                               |                                                                                                                         | Schedule D, line Schedule E/F, line Schedule G, line                          |                                |
| Cit                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | State                                                                                                                                         | ZIP Code                                                                                                                |                                                                               |                                |
| 3.2 Na                                          | ame                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                               |                                                                                                                         | ☐ Schedule D, line ☐ Schedule E/F, line ☐ Schedule G, line ☐ Schedule G, line |                                |
|                                                 | umber Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                               |                                                                                                                         | _                                                                             |                                |
| Cit                                             | ty                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | State                                                                                                                                         | ZIP Code                                                                                                                |                                                                               |                                |

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| Fill              | in this information to identify your ca                                                                                         | ase:                           |                |                                  |             |            |                |            |                          |                       |    |
|-------------------|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------|----------------------------------|-------------|------------|----------------|------------|--------------------------|-----------------------|----|
| Del               | btor 1 Thomas Ada                                                                                                               | am Phipps                      |                |                                  |             | _          |                |            |                          |                       |    |
|                   | btor 2<br>puse, if filing)                                                                                                      |                                |                |                                  |             | _          |                |            |                          |                       |    |
| Uni               | ited States Bankruptcy Court for the                                                                                            | : NORTHERN DISTRIC             | T OF ILL       | INOIS                            |             | _          |                |            |                          |                       |    |
|                   | se number<br>                                                                                                                   |                                |                |                                  |             |            | □ Ar           |            | ed filing<br>ent showing | postpetition chapter  | r  |
| <u>O</u>          | fficial Form 106I                                                                                                               |                                |                |                                  |             |            | M              | M / DD/ Y  | /YYY                     |                       |    |
| S                 | chedule I: Your Inc                                                                                                             | ome                            |                |                                  |             |            |                |            |                          | 12/                   | 15 |
| spo<br>atta<br>Pa | plying correct information. If you use. If you are separated and you ch a separate sheet to this form.  The describe Employment | r spouse is not filing wi      | th you, d      | o not includ                     | de infori   | mati       | on about       | your spo   | ouse. If mo              | re space is needed,   |    |
| 1.                | Fill in your employment information.                                                                                            |                                | Debtor         | 1                                |             |            |                | Debtor 2   | 2 or non-fil             | ing spouse            |    |
|                   | If you have more than one job, attach a separate page with                                                                      | Employment status*             | ■ Employed     |                                  |             | ☐ Employed |                |            |                          |                       |    |
|                   | information about additional                                                                                                    |                                | ☐ Not employed |                                  |             |            | ■ Not employed |            |                          |                       |    |
|                   | employers.                                                                                                                      | Occupation                     | Mail C         | lerk                             |             |            |                |            |                          |                       |    |
|                   | Include part-time, seasonal, or self-employed work.                                                                             | Employer's name                | United         | l states Po                      | stal Se     | ervio      | e              |            |                          |                       |    |
|                   | Occupation may include student or homemaker, if it applies.                                                                     | Employer's address             |                | V Ogden <i>A</i><br>ville, IL 60 |             |            |                |            |                          |                       |    |
|                   |                                                                                                                                 | How long employed th           | nere?          | 0 Years<br>*See Atta             |             |            | Additiona      | al Emplo   | yment Info               | ormation              |    |
| Pa                | Give Details About Mor                                                                                                          | nthly Income                   |                |                                  |             |            |                |            |                          |                       |    |
|                   | imate monthly income as of the duse unless you are separated.                                                                   | ate you file this form. If $y$ | ou have        | nothing to re                    | port for    | any        | line, write    | \$0 in the | space. Inc               | lude your non-filing  |    |
|                   | ou or your non-filing spouse have mo<br>e space, attach a separate sheet to                                                     |                                | mbine the      | e informatior                    | n for all e | emplo      | oyers for t    | hat perso  | on on the lin            | es below. If you nee  | d  |
|                   |                                                                                                                                 |                                |                |                                  |             |            | For Deb        | tor 1      | For Deb                  | tor 2 or<br>ng spouse |    |
| 2.                | List monthly gross wages, sala deductions). If not paid monthly,                                                                |                                |                |                                  | 2.          | \$         | 2,             | 466.69     | \$                       | 0.00                  |    |
| 3.                | Estimate and list monthly overt                                                                                                 | ime pay.                       |                |                                  | 3.          | +\$        |                | 0.00       | +\$                      | 0.00                  |    |

2,466.69

\$

0.00

Calculate gross Income. Add line 2 + line 3.

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| Debt | or 1                | Thomas Adam Phipps                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | -                               | С  | ase                  | number (if known)                        |                         |                |                                      |                                         |
|------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----|----------------------|------------------------------------------|-------------------------|----------------|--------------------------------------|-----------------------------------------|
|      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 | ì  | For                  | Debtor 1                                 |                         | Debtor         |                                      |                                         |
|      | Сор                 | y line 4 here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 4.                              |    | \$                   | 2.466.69                                 | non-                    | filing s       | pouse<br>0.00                        |                                         |
| 5.   | l ist               | all payroll deductions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |    | _                    |                                          | · <u></u>               |                |                                      | _                                       |
| J.   |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Fo                              |    | <b>ው</b>             | 504.05                                   | ¢                       |                | 0.00                                 |                                         |
|      | 5a.<br>5b.          | Tax, Medicare, and Social Security deductions  Mandatory contributions for retirement plans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 5a.<br>5b.                      |    | \$_<br>\$            | 584.35<br>0.00                           | \$                      |                | 0.00                                 | _                                       |
|      | 5c.                 | Voluntary contributions for retirement plans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 5c.                             |    | φ<br>\$              | 0.00                                     | \$<br>                  |                | 0.00                                 | _                                       |
|      | 5d.                 | Required repayments of retirement fund loans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 5d.                             |    | <sub>\$</sub> —      | 0.00                                     | \$                      |                | 0.00                                 | _                                       |
|      | 5e.                 | Insurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5e.                             |    | \$<br>_              | 0.00                                     | \$                      |                | 0.00                                 | _                                       |
|      | 5f.                 | Domestic support obligations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 5f.                             |    | ÷—                   | 0.00                                     | \$                      |                | 0.00                                 | _                                       |
|      | 5g.                 | Union dues                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 5g.                             |    | \$_                  | 0.00                                     | \$                      |                | 0.00                                 | _                                       |
|      | 5h.                 | Other deductions. Specify:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 5h.                             |    | \$                   |                                          | + \$                    |                | 0.00                                 | _                                       |
| 6.   | Add                 | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 6.                              | ,  | \$                   | 584.35                                   | \$                      |                | 0.00                                 | -                                       |
| 7.   | Cald                | culate total monthly take-home pay. Subtract line 6 from line 4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 7.                              | ,  | \$                   | 1,882.34                                 | \$                      |                | 0.00                                 | _                                       |
| 8.   | 8b. 8c. 8d. 8e. 8f. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8a.<br>8b.<br>8c.<br>8d.<br>8e. |    | \$<br>\$<br>\$<br>\$ | 0.00<br>0.00<br>0.00<br>1,785.33<br>0.00 | \$<br>\$<br>\$ \$<br>\$ |                | 0.00<br>0.00<br>0.00<br>0.00<br>0.00 | -<br>-<br>-<br>-                        |
|      | 8g.                 | Pension or retirement income                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 8g.                             |    | \$_                  | 0.00                                     | \$                      |                | 0.00                                 | _                                       |
|      | 8h.                 | Other monthly income. Specify:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | _ 8h.                           | .+ | \$                   | 0.00                                     | + \$                    |                | 0.00                                 | <u>-</u> _                              |
| 9.   | Add                 | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 9.                              | \$ |                      | 1,785.33                                 | \$                      |                | 0.0                                  | 0                                       |
| 10.  | Calc                | culate monthly income. Add line 7 + line 9.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 10.                             | \$ |                      | 3,667.67 + \$                            |                         | 0.00           | = \$                                 | 3,667.67                                |
|      |                     | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 | _  |                      |                                          |                         |                |                                      | -,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| 11.  | Inclu<br>othe       | e all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your or friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not a cify:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | depe                            |    |                      | •                                        | •                       | chedule<br>11. |                                      | 0.00                                    |
| 12.  |                     | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |    |                      |                                          |                         | 12.            | \$                                   | 3,667.67                                |
| 13.  | Dov                 | you expect an increase or decrease within the year after you file this form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ?                               |    |                      |                                          |                         | '              | Combi<br>monthl                      | ned<br>y income                         |
|      |                     | No.<br>Yes Explain:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |    |                      |                                          |                         |                |                                      |                                         |

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| Debtor 1 Thomas Adam Phipps Case number (if known) |
|----------------------------------------------------|
|----------------------------------------------------|

# Official Form B 6I Attachment for Additional Employment Information

| Debtor              |                              |  |
|---------------------|------------------------------|--|
| Occupation          | Mail Clerk                   |  |
| Name of Employer    | United states Postal Service |  |
| How long employed   | 0 Years, 1 Months            |  |
| Address of Employer | 1750 W Ogden Ave             |  |
|                     | Naperville, IL 60540         |  |

Official Form 106I Schedule I: Your Income page 3

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| Fill      | in this information to identify your case:                                                                                                                       |                             |             |                 |                                                       |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------|-----------------|-------------------------------------------------------|
| Deb       | otor 1 Thomas Adam Phipps                                                                                                                                        |                             | Ch          | eck if this is: |                                                       |
|           | - Main Timppo                                                                                                                                                    | _                           |             | An amended fil  | •                                                     |
|           | ouse, if filing)                                                                                                                                                 |                             |             |                 | showing postpetition chapter s of the following date: |
| '         | <del>-</del>                                                                                                                                                     |                             |             |                 |                                                       |
| Unit      | ted States Bankruptcy Court for the: NORTHERN DISTRICT OF                                                                                                        | FILLINOIS                   |             | MM / DD / YYY   | Y                                                     |
| 1         | se number                                                                                                                                                        |                             |             |                 |                                                       |
| (If k     | nown)                                                                                                                                                            |                             |             |                 |                                                       |
| _         | (f) : 1 = 400 l                                                                                                                                                  |                             |             |                 |                                                       |
|           | fficial Form 106J                                                                                                                                                |                             |             |                 |                                                       |
|           | chedule J: Your Expenses                                                                                                                                         |                             |             |                 | 12/1                                                  |
| info      | as complete and accurate as possible. If two married per<br>ormation. If more space is needed, attach another sheet t<br>mber (if known). Answer every question. |                             |             |                 |                                                       |
| Par<br>1. | t 1: Describe Your Household Is this a joint case?                                                                                                               |                             |             |                 |                                                       |
|           | ■ No. Go to line 2.                                                                                                                                              |                             |             |                 |                                                       |
|           | ☐ Yes. Does Debtor 2 live in a separate household?                                                                                                               |                             |             |                 |                                                       |
|           | □ No                                                                                                                                                             |                             |             |                 |                                                       |
|           | ☐ Yes. Debtor 2 must file Official Form 106J-2, Exp                                                                                                              | penses for Separate House   | ehold of De | ebtor 2.        |                                                       |
| 2.        | Do you have dependents? ☐ No                                                                                                                                     |                             |             |                 |                                                       |
|           | Do not list Debtor 1 and Debtor 2. Fill out this information each dependent                                                                                      | •                           |             | Dependent's age | s Does dependent live with you?                       |
|           | Do not state the                                                                                                                                                 |                             |             |                 | □ No                                                  |
|           | dependents names.                                                                                                                                                | daughter                    |             | 5               | Yes                                                   |
|           |                                                                                                                                                                  | daughter                    |             | 9               | □ No<br>■ Yes                                         |
|           |                                                                                                                                                                  | uaugiitei                   |             |                 | ■ Yes<br>□ No                                         |
|           |                                                                                                                                                                  | daughter                    |             | 11              | ■ Yes                                                 |
|           |                                                                                                                                                                  |                             |             | _               | □ No                                                  |
| 2         | De verin ermenere in elizab                                                                                                                                      |                             |             |                 | Yes                                                   |
| 3.        | Do your expenses include expenses of people other than yourself and your dependents?                                                                             |                             |             |                 |                                                       |
| Par       | t 2: Estimate Your Ongoing Monthly Expenses                                                                                                                      |                             |             |                 |                                                       |
| Est       | timate your expenses as of your bankruptcy filing date un<br>benses as of a date after the bankruptcy is filed. If this is<br>plicable date.                     |                             |             |                 |                                                       |
|           |                                                                                                                                                                  | tongo if you know           |             |                 |                                                       |
|           | lude expenses paid for with non-cash government assist value of such assistance and have included it on Sched                                                    |                             |             | .,              |                                                       |
| (Of       | ficial Form 106l.)                                                                                                                                               |                             |             | Your            | expenses                                              |
| 4.        | The rental or home ownership expenses for your reside payments and any rent for the ground or lot.                                                               | ence. Include first mortgag | e<br>4.     | \$              | 800.00                                                |
|           | If not included in line 4:                                                                                                                                       |                             |             |                 |                                                       |
|           |                                                                                                                                                                  |                             | 4.5         | ¢               | 0.00                                                  |
|           | <ul><li>4a. Real estate taxes</li><li>4b. Property, homeowner's, or renter's insurance</li></ul>                                                                 |                             | 4a.<br>4b.  |                 | 0.00<br>15.00                                         |
|           | 4c. Home maintenance, repair, and upkeep expenses                                                                                                                |                             | 4c.         | ·               | 200.00                                                |
| _         | 4d. Homeowner's association or condominium dues                                                                                                                  |                             | 4d.         |                 | 0.00                                                  |
| 5.        | Additional mortgage payments for your residence, such                                                                                                            | as nome equity loans        | 5.          | Φ               | 0.00                                                  |

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| Debtor 1 Thomas   | s Adam Phipps                                                                                                                                                               | Case num     | ber (if known) |                        |
|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------|------------------------|
| 6. Utilities:     |                                                                                                                                                                             |              |                |                        |
|                   | y, heat, natural gas                                                                                                                                                        | 6a.          | \$             | 80.00                  |
|                   | ewer, garbage collection                                                                                                                                                    | 6b.          |                | 80.00                  |
|                   | ne, cell phone, Internet, satellite, and cable services                                                                                                                     | 6c.          | ·              | 300.00                 |
| 6d. Other. S      |                                                                                                                                                                             | 6d.          | ·              | 0.00                   |
|                   | sekeeping supplies                                                                                                                                                          | — 7.         | ·              | 400.00                 |
|                   | children's education costs                                                                                                                                                  | 8.           | ·              | 200.00                 |
|                   | dry, and dry cleaning                                                                                                                                                       | 9.           | ·              | 125.00                 |
|                   | products and services                                                                                                                                                       | 10.          | · ·            | 130.00                 |
|                   | ental expenses                                                                                                                                                              | 11.          | ·              | 0.00                   |
|                   | Include gas, maintenance, bus or train fare.                                                                                                                                |              |                | 0.00                   |
| Do not include    |                                                                                                                                                                             | 12.          | \$             | 300.00                 |
|                   | , clubs, recreation, newspapers, magazines, and books                                                                                                                       | 13.          | \$             | 0.00                   |
|                   | ntributions and religious donations                                                                                                                                         | 14.          | \$             | 0.00                   |
| . Insurance.      |                                                                                                                                                                             |              |                |                        |
| Do not include    | insurance deducted from your pay or included in lines 4 or 20.                                                                                                              |              |                |                        |
| 15a. Life insu    | rance                                                                                                                                                                       | 15a.         | \$             | 0.00                   |
| 15b. Health in    | surance                                                                                                                                                                     | 15b.         | \$             | 0.00                   |
| 15c. Vehicle i    | nsurance                                                                                                                                                                    | 15c.         | \$             | 100.00                 |
| 15d. Other ins    | surance. Specify:                                                                                                                                                           | 15d.         | \$             | 0.00                   |
|                   | include taxes deducted from your pay or included in lines 4 or 20.                                                                                                          |              |                |                        |
| Specify:          | , , ,                                                                                                                                                                       | 16.          | \$             | 0.00                   |
| . Installment or  | lease payments:                                                                                                                                                             |              |                |                        |
| 17a. Car payr     | nents for Vehicle 1                                                                                                                                                         | 17a.         | \$             | 324.05                 |
| 17b. Car payr     | nents for Vehicle 2                                                                                                                                                         | 17b.         | \$             | 0.00                   |
| 17c. Other. Sp    | pecify:                                                                                                                                                                     | 17c.         | \$             | 0.00                   |
| 17d. Other. Sp    | pecify:                                                                                                                                                                     | 17d.         | \$             | 0.00                   |
| . Your payment    | s of alimony, maintenance, and support that you did not report as                                                                                                           | <u> </u>     |                |                        |
|                   | your pay on line 5, Schedule I, Your Income (Official Form 106I).                                                                                                           | 18.          | \$             | 300.00                 |
|                   | ts you make to support others who do not live with you.                                                                                                                     |              | \$             | 600.00                 |
| Specify: daug     | ghter 1                                                                                                                                                                     | 19.          |                |                        |
| dau               | ghter 2                                                                                                                                                                     | 19.          |                |                        |
| dau               | ghter 3                                                                                                                                                                     | 19.          |                |                        |
|                   | perty expenses not included in lines 4 or 5 of this form or on Sche                                                                                                         | edule I: Yo  | our Income.    |                        |
| 20a. Mortgage     | es on other property                                                                                                                                                        | 20a.         |                | 0.00                   |
| 20b. Real esta    | ate taxes                                                                                                                                                                   | 20b.         |                | 0.00                   |
| 20c. Property     | , homeowner's, or renter's insurance                                                                                                                                        | 20c.         | \$             | 0.00                   |
| 20d. Maintena     | ance, repair, and upkeep expenses                                                                                                                                           | 20d.         | \$             | 0.00                   |
| 20e. Homeow       | ner's association or condominium dues                                                                                                                                       | 20e.         | \$             | 0.00                   |
| . Other: Specify: | haircut                                                                                                                                                                     | 21.          | +\$            | 80.00                  |
|                   |                                                                                                                                                                             |              |                |                        |
| •                 | monthly expenses                                                                                                                                                            |              |                | 4 00 4 05              |
| 22a. Add lines    | <u> </u>                                                                                                                                                                    |              | \$             | 4,034.05               |
| • •               | 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2                                                                                                       |              | \$             |                        |
| 22c. Add line 2   | 2a and 22b. The result is your monthly expenses.                                                                                                                            |              | \$             | 4,034.05               |
| Calculate vou     | monthly net income.                                                                                                                                                         |              |                |                        |
| •                 | e 12 (your combined monthly income) from Schedule I.                                                                                                                        | 23a.         | \$             | 3,667.67               |
|                   | ur monthly expenses from line 22c above.                                                                                                                                    | 23a.<br>23b. |                |                        |
| Zou. Copy you     | ar monuny expenses nom line 220 above.                                                                                                                                      | 230.         | -φ             | 4,034.05               |
| 23c Subtract      | your monthly expenses from your monthly income                                                                                                                              |              |                |                        |
|                   | your monthly expenses from your monthly income. It is your monthly net income.                                                                                              | 23c.         | \$             | -366.38                |
| 1116 1630         | icio you. Monuny not moonio.                                                                                                                                                |              |                |                        |
| For example, do   | an increase or decrease in your expenses within the year after you expect to finish paying for your car loan within the year or do you expect you e terms of your mortgage? |              |                | or decrease because of |
| ■ No.             |                                                                                                                                                                             |              |                |                        |
| □ Yes             | Explain here:                                                                                                                                                               |              |                |                        |
| LIYES             | Explain nele.                                                                                                                                                               |              |                |                        |

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| Fill in this inform | mation to identify your                          | 2220:                    |                             |                            |                                                                 |
|---------------------|--------------------------------------------------|--------------------------|-----------------------------|----------------------------|-----------------------------------------------------------------|
|                     |                                                  |                          |                             |                            |                                                                 |
| Debtor 1            | Thomas Adam Ph                                   | nipps<br>Middle Name     | Last Name                   |                            |                                                                 |
| Debtor 2            | T HSC NAME                                       | Middle Hame              | Last Hamo                   |                            |                                                                 |
| (Spouse if, filing) | First Name                                       | Middle Name              | Last Name                   |                            |                                                                 |
| United States Ba    | ankruptcy Court for the:                         | NORTHERN DISTRICT        | OF ILLINOIS                 |                            |                                                                 |
| Case number         |                                                  |                          |                             |                            |                                                                 |
| (if known)          |                                                  |                          |                             |                            | ☐ Check if this is an amended filing                            |
| Official Forn       |                                                  | I 12. 2 da I             | Dalatania Oal               |                            |                                                                 |
| Declarat            | ion About a                                      | in individual            | Debtor's Sc                 | nedules                    | 12/15                                                           |
| Sign                | n Below                                          |                          |                             |                            |                                                                 |
| Did you pa          | y or agree to pay some                           | one who is NOT an attor  | ney to help you fill out ba | ankruptcy forms?           |                                                                 |
| ■ No                |                                                  |                          |                             |                            |                                                                 |
| ☐ Yes. N            | Name of person                                   |                          |                             |                            | cy Petition Preparer's Notice,<br>Signature (Official Form 119) |
|                     | Ity of perjury, I declare<br>e true and correct. | that I have read the sum | mary and schedules filed    | l with this declaration an | d                                                               |
| X /s/ Tho           | mas Adam Phipps                                  |                          | X                           |                            |                                                                 |
| Thoma               | ns Adam Phipps<br>re of Debtor 1                 |                          | Signature of I              | Debtor 2                   |                                                                 |
| Date /              | April 19, 2016                                   |                          | Date                        |                            |                                                                 |

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| Fill in             | this inform                        | nation to identify you                      | ır case:                                                                               |              |                                            |                                            |          |                                                       |
|---------------------|------------------------------------|---------------------------------------------|----------------------------------------------------------------------------------------|--------------|--------------------------------------------|--------------------------------------------|----------|-------------------------------------------------------|
| Debto               |                                    |                                             |                                                                                        |              |                                            |                                            |          |                                                       |
| Debioi              | 1 1                                | Thomas Adam First Name                      | Middle Name                                                                            |              | Last Name                                  |                                            |          |                                                       |
| Debtoi<br>(Spouse   | -                                  | First Name                                  | Middle Name                                                                            |              | Last Name                                  |                                            |          |                                                       |
| ` '                 |                                    |                                             |                                                                                        | T OF         |                                            |                                            |          |                                                       |
| United              | i States Bar                       | nkruptcy Court for the                      | NORTHERN DISTRIC                                                                       | 1 OF ILLI    | NOIS                                       |                                            |          |                                                       |
| Case r<br>(if knowr | number _                           |                                             |                                                                                        |              |                                            |                                            | _        | neck if this is an<br>nended filing                   |
| -                   |                                    | rm 107<br>of Financial                      | Affairs for Indiv                                                                      | /iduals      | s Filing for B                             | ankruptcy                                  |          | 4/1                                                   |
| inform<br>numbe     | ation. If mer (if knowr            | ore space is needed<br>n). Answer every que |                                                                                        | to this for  | m. On the top of an                        |                                            |          |                                                       |
| Part 1              | Give D                             | etails About Your M                         | arital Status and Where Y                                                              | ou Lived     | Before                                     |                                            |          |                                                       |
| 1. W                | hat is your                        | current marital stat                        | us?                                                                                    |              |                                            |                                            |          |                                                       |
|                     | l Married<br>l Not mar             | ried                                        |                                                                                        |              |                                            |                                            |          |                                                       |
| 2. Du               | uring the la                       | ast 3 years, have you                       | lived anywhere other that                                                              | an where     | you live now?                              |                                            |          |                                                       |
|                     | l No                               |                                             |                                                                                        |              |                                            |                                            |          |                                                       |
|                     |                                    | t all of the places you                     | lived in the last 3 years. Do                                                          | o not includ | de where you live nov                      | ٧.                                         |          |                                                       |
| D                   | ebtor 1 Pri                        | ior Address:                                | Dates Debtor                                                                           | r 1          | Debtor 2 Prior Ac                          | Idress:                                    |          | Dates Debtor 2<br>lived there                         |
| á                   | 901 N wil<br>apt 1064<br>Tucson, A |                                             | From-To:<br><b>11/2014 - 1</b> 1                                                       | I/2015       | ☐ Same as Debtor                           | 1                                          |          | ☐ Same as Debtor 1<br>From-To:                        |
|                     | 243 s lue<br>Chicago, l            |                                             | From-To:<br><b>11/2014 - 1</b> 2                                                       | 2/2012       | ☐ Same as Debtor                           | 1                                          |          | Same as Debtor 1 From-To:                             |
|                     | and territori<br>No<br>Yes. Ma     | es include Arizona, Ca                      | ver live with a spouse or alifornia, Idaho, Louisiana, Ihedule H: Your Codebtors       | Nevada, N    | lew Mexico, Puerto R                       |                                            |          |                                                       |
|                     |                                    |                                             |                                                                                        |              |                                            |                                            |          |                                                       |
| Fil                 | ll in the tota                     | I amount of income you                      | mployment or from opera<br>ou received from all jobs an<br>u have income that you reco | nd all busin | esses, including part                      | -time activities.                          | s calend | dar years?                                            |
|                     | l No                               |                                             |                                                                                        |              |                                            |                                            |          |                                                       |
|                     | Yes. Fill                          | in the details.                             |                                                                                        |              |                                            |                                            |          |                                                       |
|                     |                                    |                                             | Debtor 1                                                                               |              |                                            | Debtor 2                                   |          |                                                       |
|                     |                                    |                                             | Sources of income<br>Check all that apply.                                             | (befo        | ss income<br>ore deductions and<br>usions) | Sources of income<br>Check all that apply. |          | Gross income<br>(before deductions<br>and exclusions) |
|                     |                                    |                                             |                                                                                        |              |                                            |                                            |          |                                                       |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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Debtor 1 Thomas Adam Phipps

|                                                                           | Debtor 1                                   |                                                 | Debtor 2                                   |                                                       |  |
|---------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------|--------------------------------------------|-------------------------------------------------------|--|
|                                                                           | Sources of income<br>Check all that apply. | Gross income (before deductions and exclusions) | Sources of income<br>Check all that apply. | Gross income<br>(before deductions<br>and exclusions) |  |
| From January 1 of current year unti<br>the date you filed for bankruptcy: | ■ Wages, commissions, bonuses, tips        | \$2,259.71                                      | ☐ Wages, commissions, bonuses, tips        |                                                       |  |
|                                                                           | ☐ Operating a business                     |                                                 | ☐ Operating a business                     |                                                       |  |

#### Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

Yes. Fill in the details.

|                                                                         | Debtor 1                                                                                                  |                                                                           | Debtor 2                             |                                                       |
|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|--------------------------------------|-------------------------------------------------------|
|                                                                         | Sources of income<br>Describe below.                                                                      | Gross income from<br>each source<br>(before deductions and<br>exclusions) | Sources of income<br>Describe below. | Gross income<br>(before deductions<br>and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy: | Federal Tax Return                                                                                        | \$1,488.00                                                                |                                      |                                                       |
|                                                                         | United States<br>AirForce                                                                                 | \$4,944.00                                                                |                                      |                                                       |
| For last calendar year:<br>(January 1 to December 31, 2015)             | United States<br>AirForce                                                                                 | \$2,060.00                                                                |                                      |                                                       |
| 2012                                                                    | amount? Government<br>Benefits:<br>Welfare/Public Aid<br>entitlement: Food<br>Stamps/Link card at<br>\$?? | \$0.00                                                                    |                                      |                                                       |
| 2011                                                                    | amount? Government<br>Benefits:<br>Welfare/Public Aid<br>entitlement: Food<br>Stamps/Link card at<br>\$?  | \$0.00                                                                    |                                      |                                                       |
| 2009                                                                    | amount? Government<br>Benefits:<br>Welfare/Public Aid<br>entitlement: Food<br>Stamps/Link card            | \$0.00                                                                    |                                      |                                                       |
| 2013                                                                    | amount? Government<br>Benefits:<br>Welfare/Public Aid<br>entitlement: Food<br>Stamps/Link card at<br>\$?? | \$0.00                                                                    |                                      |                                                       |

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Document Page 39 of 55 **Thomas Adam Phipps** ase number (if known) Debtor 1 Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?  $\square$  No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? □ No. Go to line 7. Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Creditor's Name and Address Dates of payment Total amount Amount you Was this payment for ... still owe paid Fifth Third Bank 3/25/2016. \$945.18 \$14.221.27 ■ Mortgage 2632 Erie Avenue 2/22/2016. Car Cincinnati, OH 45208 1/14/2016 ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors □ Other Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Yes. List all payments to an insider. **Insider's Name and Address** Dates of payment Total amount Amount you Reason for this payment still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an 8. insider? Include payments on debts guaranteed or cosigned by an insider. Nο Yes. List all payments to an insider **Insider's Name and Address** Dates of payment **Total amount** Amount you Reason for this payment Include creditor's name paid still owe Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

Nο

Yes. Fill in the details.

Case title Nature of the case Court or agency Status of the case Case number

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| Dobtor 1 |                    | 2001 | Document | Page 40 of 55 Case number (if known) | 2000 1110 |
|----------|--------------------|------|----------|--------------------------------------|-----------|
| Deploi i | Thomas Adam Phipps |      |          | Case number (if known)               |           |
|          |                    |      |          |                                      |           |

|                | Case title Case number                                                                                                                                                                          | Nature of the case                                                                          | Court or agency                            | Status of the                                   | e case                   |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------|--------------------------|
|                | vs Debtor (See schedule F for details)                                                                                                                                                          | Breach of<br>Contracts - failure<br>to pay for goods<br>and services<br>rendered            | Daley Center, Circuit Cour<br>of Cook Coun | t ☐ Pending ☐ On apper ☐ Conclude               | ed                       |
| 10.            | Within 1 year before you filed for bankrupt Check all that apply and fill in the details belo  No. Go to line 11.                                                                               |                                                                                             | erty repossessed, foreclosed, ga           | ırnished, attached                              | , seized, or levied?     |
|                | ☐ Yes. Fill in the information below.  Creditor Name and Address                                                                                                                                | Describe the Property                                                                       |                                            | ate                                             | Value of the property    |
| 11.            | Within 90 days before you filed for bankru accounts or refuse to make a payment bed  ■ No □ Yes. Fill in the details.                                                                           |                                                                                             |                                            | ition, set off any a                            | mounts from your         |
|                | Creditor Name and Address                                                                                                                                                                       | Describe the action the                                                                     |                                            | ate action was                                  | Amount                   |
| <b>Par</b> 13. | Within 2 years before you filed for bankrup  No  Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift and Address: | ptcy, did you give any gifts  Describe the gifts                                            | s with a total value of more than          | \$600 per person?<br>Pates you gave<br>ne gifts | Value                    |
| 14.            | Within 2 years before you filed for bankrup  ■ No  □ Yes. Fill in the details for each gift or cor                                                                                              |                                                                                             | s or contributions with a total va         | llue of more than S                             | \$600 to any charity?    |
|                | Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)                                                                   | tal Describe what you                                                                       |                                            | ates you<br>ontributed                          | Value                    |
| Par            | t 6: List Certain Losses                                                                                                                                                                        |                                                                                             |                                            |                                                 |                          |
| 15.            | Within 1 year before you filed for bankrupt or gambling?  No Yes. Fill in the details.                                                                                                          | tcy or since you filed for b                                                                | ankruptcy, did you lose anythin            | g because of thef                               | ;, fire, other disaster, |
|                | how the loss occurred                                                                                                                                                                           | Describe any insurance conclude the amount that insurance claims on line 33 concentrations. | rance has paid. List pending               | ate of your<br>oss                              | Value of property lost   |

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy page 4 Case 16-13252 Doc 1 Filed 04/19/16 Entered 04/19/16 12:07:15 Desc Main Page 41 of 55
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Debtor 1 Thomas Adam Phipps

|                                                                                              | nsulted about seeking bankruptcy or prepari<br>lude any attorneys, bankruptcy petition prepare                                                | ing a bankruptcy petition?<br>rs, or credit counseling agencies for services require                                                                                                             | ed in your bankruptcy.                                                                                              |                   |
|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------------|
|                                                                                              | No                                                                                                                                            |                                                                                                                                                                                                  |                                                                                                                     |                   |
|                                                                                              | Yes. Fill in the details.                                                                                                                     |                                                                                                                                                                                                  |                                                                                                                     |                   |
| Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You |                                                                                                                                               | Description and value of any property transferred                                                                                                                                                | Date payment or transfer was made                                                                                   | Amount of payment |
| 2′<br>7                                                                                      | ankruptcy Court Northern Dist. IL<br>19 S Dearborn Street<br>th Floor<br>hicago, IL 60604                                                     | \$335 Court Filing Fee debtor pays with<br>a separate money order for \$335 made<br>out to "US Bankruptcy Court" (which is<br>separate and not included in the \$550<br>Law Firm Attorneys fees) | Debtor timely pays directly the Bankruptcy Court Filing fee in money order(s) pursuant to Court Rules and/or Order. | \$335.00          |
| C                                                                                            | redit Counseling provider                                                                                                                     | \$22 Credit Counseling Course - debtor<br>chooses his/her provider, each<br>provider charges different amounts for<br>their services.                                                            | debtor pays directly to the Credit Counseling Course provider they choose                                           | \$22.00           |
| La                                                                                           | aw Firm Attorney Fees                                                                                                                         | \$550 Law Firm Attorneys fees for<br>Chapter 7 Bankruptcy pursuant to<br>contract, does not include \$335 court<br>filing fee.                                                                   |                                                                                                                     | \$550.00          |
| Fi                                                                                           | nancial Management Course provider                                                                                                            | \$15-60 Financial Management Debtor Education Course provider, debtor chooses his/her provider, each provider charges different amounts for their services.                                      | debtor pays directly to Debtor Education/Fin ancial Management provider they choose                                 | \$15.00           |
| pro                                                                                          | thin 1 year before you filed for bankruptcy, domised to help you deal with your creditors on not include any payment or transfer that you lis |                                                                                                                                                                                                  | or transfer any prope                                                                                               | rty to anyone who |
|                                                                                              | No                                                                                                                                            |                                                                                                                                                                                                  |                                                                                                                     |                   |
|                                                                                              | Yes. Fill in the details.                                                                                                                     |                                                                                                                                                                                                  |                                                                                                                     |                   |
|                                                                                              | erson Who Was Paid                                                                                                                            | Description and value of any property                                                                                                                                                            | Date payment                                                                                                        | Amount of         |

17.

made

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Debtor 1 Thomas Adam Phipps

| 18.                                                                                                                                                                                      | Within 2 years before you filed for bankrupto transferred in the ordinary course of your but include both outright transfers and transfers mainclude gifts and transfers that you have already No  Yes. Fill in the details. | isiness or financial affa<br>de as security (such as t              | t <b>irs?</b><br>he granting of a se |                |                                                         |                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------|----------------|---------------------------------------------------------|-----------------------------------------------|
|                                                                                                                                                                                          | Person Who Received Transfer Address  Person's relationship to you                                                                                                                                                           | Description and v property transferr                                |                                      |                | any property or<br>s received or debts<br>schange       | Date transfer was made                        |
| 19.                                                                                                                                                                                      | Within 10 years before you filed for bankrupt beneficiary? (These are often called asset-profined No  ☐ Yes. Fill in the details.                                                                                            |                                                                     | y property to a se                   | elf-settled tr | ust or similar device o                                 | f which you are a                             |
|                                                                                                                                                                                          | Name of trust                                                                                                                                                                                                                | Description and v                                                   | alue of the prope                    | erty transfer  | red                                                     | Date Transfer was made                        |
| Par                                                                                                                                                                                      | t 8: List of Certain Financial Accounts, Ins                                                                                                                                                                                 | truments, Safe Deposit                                              | Boxes, and Stor                      | age Units      |                                                         |                                               |
| 20.                                                                                                                                                                                      | Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, assoc ■ No ■ Yes. Fill in the details.                           | r other financial accour                                            | nts; certificates o                  |                |                                                         |                                               |
|                                                                                                                                                                                          | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)                                                                                                                                         | Last 4 digits of account number                                     | Type of accoun instrument            | cl<br>m        | ate account was<br>osed, sold,<br>oved, or<br>ansferred | Last balance<br>before closing or<br>transfer |
| <ul> <li>Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe de cash, or other valuables?</li> <li>No</li> <li>Yes. Fill in the details.</li> </ul> |                                                                                                                                                                                                                              |                                                                     |                                      | safe depos     | it box or other deposit                                 | ory for securities,                           |
|                                                                                                                                                                                          | Name of Financial Institution Address (Number, Street, City, State and ZIP Code)                                                                                                                                             | Who else had acc<br>Address (Number, State and ZIP Code)            |                                      | escribe the    | contents                                                | Do you still have it?                         |
| 22.                                                                                                                                                                                      | Have you stored property in a storage unit o  No Yes. Fill in the details.                                                                                                                                                   | r place other than your                                             | home within 1 ye                     | ear before y   | ou filed for bankruptc                                  | y?                                            |
|                                                                                                                                                                                          | Name of Storage Facility<br>Address (Number, Street, City, State and ZIP Code)                                                                                                                                               | Who else has or h<br>to it?<br>Address (Number, State and ZIP Code) |                                      | escribe the    | contents                                                | Do you still have it?                         |
| Par                                                                                                                                                                                      | t 9: Identify Property You Hold or Control f                                                                                                                                                                                 | for Someone Else                                                    |                                      |                |                                                         |                                               |
| 23.                                                                                                                                                                                      | Do you hold or control any property that son for someone.  No Yes. Fill in the details.                                                                                                                                      | neone else owns? Inclu                                              | ide any property                     | you borrow     | ed from, are storing fo                                 | or, or hold in trust                          |
|                                                                                                                                                                                          | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)                                                                                                                                                           | Where is the prop<br>(Number, Street, City, S<br>Code)              |                                      | escribe the    | property                                                | Value                                         |
|                                                                                                                                                                                          | t 10: Give Details About Environmental Info                                                                                                                                                                                  |                                                                     |                                      |                |                                                         |                                               |
| or '                                                                                                                                                                                     | the purpose of Part 10, the following definitio                                                                                                                                                                              | nis apply:                                                          |                                      |                |                                                         |                                               |

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or Statement of Financial Affairs for Individuals Filing for Bankruptcy

Official Form 107

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Debtor 1 **Thomas Adam Phipps** 

> toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

|     | hazardous material, pollutant, contaminant, or similar term. |                                                                                     |                                                                                                                                                                                                                                   |      |                                                                 | ,                  |  |  |
|-----|--------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------------------------------------------------|--------------------|--|--|
| Rep | ort a                                                        | all notices, releases, and proceedings that                                         | at you know about, regardless of wher                                                                                                                                                                                             | the  | y occurred.                                                     |                    |  |  |
| 24. | Has                                                          | any governmental unit notified you that                                             | you may be liable or potentially liable                                                                                                                                                                                           | und  | ler or in violation of an environme                             | ntal law?          |  |  |
|     |                                                              | No                                                                                  |                                                                                                                                                                                                                                   |      |                                                                 |                    |  |  |
|     |                                                              | Yes. Fill in the details.                                                           |                                                                                                                                                                                                                                   |      |                                                                 |                    |  |  |
|     |                                                              | me of site<br>dress (Number, Street, City, State and ZIP Code)                      | Governmental unit Address (Number, Street, City, State and ZIP Code)                                                                                                                                                              | i    | Environmental law, if you know it                               | Date of notice     |  |  |
| 25. | Hav                                                          | re you notified any governmental unit of                                            | any release of hazardous material?                                                                                                                                                                                                |      |                                                                 |                    |  |  |
|     |                                                              | ■ No □ Yes. Fill in the details.                                                    |                                                                                                                                                                                                                                   |      |                                                                 |                    |  |  |
|     |                                                              | me of site<br>dress (Number, Street, City, State and ZIP Code)                      | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code)                                                                                                                                                        |      | Environmental law, if you know it                               | Date of notice     |  |  |
| 26. | Hav                                                          | re you been a party in any judicial or adn                                          | ninistrative proceeding under any envi                                                                                                                                                                                            | ronn | nental law? Include settlements a                               | nd orders.         |  |  |
|     | ■ No □ Yes. Fill in the details.                             |                                                                                     |                                                                                                                                                                                                                                   |      |                                                                 |                    |  |  |
|     |                                                              | se Title<br>se Number                                                               | Court or agency Name Address (Number, Street, City, State and ZIP Code)                                                                                                                                                           | Nat  | ture of the case                                                | Status of the case |  |  |
| Par | t 11:                                                        | Give Details About Your Business or                                                 | Connections to Any Business                                                                                                                                                                                                       |      |                                                                 |                    |  |  |
| 27. | Wit                                                          | hin 4 years before you filed for hankrupt                                           | cy, did you own a business or have an                                                                                                                                                                                             | v of | the following connections to any                                | husiness?          |  |  |
|     |                                                              |                                                                                     | ars before you filed for bankruptcy, did you own a business or have any of the following connections to any business?<br>Die proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time |      |                                                                 |                    |  |  |
|     |                                                              | ☐ A member of a limited liability comp                                              |                                                                                                                                                                                                                                   |      | -                                                               |                    |  |  |
|     |                                                              | □ A partner in a partnership                                                        |                                                                                                                                                                                                                                   |      |                                                                 |                    |  |  |
|     |                                                              | ☐ An officer, director, or managing exc                                             | ecutive of a corporation                                                                                                                                                                                                          |      |                                                                 |                    |  |  |
|     |                                                              | ☐ An owner of at least 5% of the voting                                             | g or equity securities of a corporation                                                                                                                                                                                           |      |                                                                 |                    |  |  |
|     |                                                              | No. None of the above applies. Go to P                                              |                                                                                                                                                                                                                                   |      |                                                                 |                    |  |  |
|     |                                                              | Yes. Check all that apply above and fill                                            |                                                                                                                                                                                                                                   | i.   |                                                                 |                    |  |  |
|     |                                                              | siness Name<br>dress                                                                | Describe the nature of the business                                                                                                                                                                                               |      | Employer Identification number Do not include Social Security r |                    |  |  |
|     | (Nu                                                          | mber, Street, City, State and ZIP Code)                                             | Name of accountant or bookkeeper                                                                                                                                                                                                  |      | Dates business existed                                          |                    |  |  |
| 28. |                                                              | hin 2 years before you filed for bankrupt<br>itutions, creditors, or other parties. | cy, did you give a financial statement t                                                                                                                                                                                          | o an | nyone about your business? Inclu                                | de all financial   |  |  |
|     |                                                              | No                                                                                  |                                                                                                                                                                                                                                   |      |                                                                 |                    |  |  |
|     |                                                              | Yes. Fill in the details below.                                                     |                                                                                                                                                                                                                                   |      |                                                                 |                    |  |  |
|     | Ad                                                           | me<br>dress<br>mber, Street, City, State and ZIP Code)                              | Date Issued                                                                                                                                                                                                                       |      |                                                                 |                    |  |  |
| _   |                                                              | <b>=</b>                                                                            |                                                                                                                                                                                                                                   |      |                                                                 |                    |  |  |

Part 12: Sign Below

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Debtor 1 Thomas Adam Phipps

are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| /s/ Th                                   | omas Adam Phipps        |                                                                                                      |
|------------------------------------------|-------------------------|------------------------------------------------------------------------------------------------------|
| Thomas Adam Phipps Signature of Debtor 1 |                         | Signature of Debtor 2                                                                                |
| Date                                     | April 19, 2016          | Date                                                                                                 |
| _ ′                                      | u attach additional pag | es to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? |
| No                                       |                         |                                                                                                      |
| ☐ Yes                                    |                         |                                                                                                      |
| Did yo                                   | u pay or agree to pay s | omeone who is not an attorney to help you fill out bankruptcy forms?                                 |
| No                                       |                         |                                                                                                      |
| ☐ Yes                                    | . Name of Person        | Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).    |

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| Fill in this infor                                                                                     | mation to identify your                                                                                                                                               | case:                                                                                                                                    |                                                                 |                                                                                                        |
|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Debtor 1                                                                                               | Thomas Adam Ph                                                                                                                                                        |                                                                                                                                          |                                                                 |                                                                                                        |
| Dobtor 2                                                                                               | First Name                                                                                                                                                            | Middle Name                                                                                                                              | Last Name                                                       |                                                                                                        |
| Debtor 2<br>(Spouse if, filing)                                                                        | First Name                                                                                                                                                            | Middle Name                                                                                                                              | Last Name                                                       |                                                                                                        |
| United States Ba                                                                                       | ankruptcy Court for the:                                                                                                                                              | NORTHERN DIS                                                                                                                             | TRICT OF ILLINOIS                                               |                                                                                                        |
|                                                                                                        |                                                                                                                                                                       |                                                                                                                                          |                                                                 |                                                                                                        |
| Case number _                                                                                          |                                                                                                                                                                       |                                                                                                                                          |                                                                 | Charle if this is an                                                                                   |
| (II KIIOWII)                                                                                           |                                                                                                                                                                       |                                                                                                                                          |                                                                 | Check if this is an amended filing                                                                     |
| If you are an ind creditors hav you have lease You must file th which on the If two married posign and | lividual filing under chane to claims secured by you sed personal property a is form with the court we ver is earlier, unless the form to court we could be searlier. | pter 7, you must fil<br>ur property, or<br>and the lease has n<br>vithin 30 days after<br>the court extends the<br>r in a joint case, bo |                                                                 | et for the meeting of creditors,<br>ne creditors and lessors you list<br>nformation. Both debtors must |
| Part 1: List Y                                                                                         | our Creditors Who Have                                                                                                                                                | e Secured Claims                                                                                                                         |                                                                 |                                                                                                        |
| 1. For any credit                                                                                      | •                                                                                                                                                                     | art 1 of Schedule D                                                                                                                      | ): Creditors Who Have Claims Secured by Propert                 | y (Official Form 106D), fill in the                                                                    |
|                                                                                                        | reditor and the property t                                                                                                                                            | hat is collateral                                                                                                                        | What do you intend to do with the property that secures a debt? | t Did you claim the property<br>as exempt on Schedule C?                                               |
| Creditor's                                                                                             |                                                                                                                                                                       |                                                                                                                                          | □ Surrender the property                                        | □ No                                                                                                   |
| name:                                                                                                  |                                                                                                                                                                       |                                                                                                                                          | ☐ Surrender the property. ☐ Retain the property and redeem it.  | □ NO                                                                                                   |
|                                                                                                        |                                                                                                                                                                       |                                                                                                                                          | ☐ Retain the property and redeem it.                            | ☐ Yes                                                                                                  |
| Description of                                                                                         | f                                                                                                                                                                     |                                                                                                                                          | Reaffirmation Agreement.                                        |                                                                                                        |
| property                                                                                               |                                                                                                                                                                       |                                                                                                                                          | ☐ Retain the property and [explain]:                            |                                                                                                        |
| securing debt                                                                                          | ·<br>·                                                                                                                                                                |                                                                                                                                          |                                                                 | _                                                                                                      |
| Creditor's                                                                                             |                                                                                                                                                                       |                                                                                                                                          | ☐ Surrender the property.                                       | □ No                                                                                                   |
| name:                                                                                                  |                                                                                                                                                                       |                                                                                                                                          | Retain the property and redeem it.                              |                                                                                                        |
|                                                                                                        |                                                                                                                                                                       |                                                                                                                                          | Retain the property and enter into a                            | ☐ Yes                                                                                                  |

Official Form 108

Creditor's

Description of

securing debt:

Description of

securing debt:

property

Creditor's

name:

property

Statement of Intention for Individuals Filing Under Chapter 7

 $\square$  Surrender the property.

Reaffirmation Agreement.

☐ Surrender the property.

☐ Retain the property and [explain]:

☐ Retain the property and redeem it.

 $\square$  Retain the property and enter into a

Reaffirmation Agreement.

☐ Retain the property and [explain]:

□ No

☐ Yes

☐ No

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| Debtor 1                                   | Thomas Adam Phipps                                                                                                                                          | Case number (if kr                                                                                                                                                               | nown)                                  |
|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| name:  Descrip property securing           | у                                                                                                                                                           | <ul> <li>□ Retain the property and redeem it.</li> <li>□ Retain the property and enter into a Reaffirmation Agreement.</li> <li>□ Retain the property and [explain]:</li> </ul>  | □ Yes                                  |
| or any ur<br>n the info                    | rmation below. Do not list real estate le                                                                                                                   | Leases ou listed in Schedule G: Executory Contracts and Unex ases. Unexpired leases are leases that are still in effect lease if the trustee does not assume it. 11 U.S.C. § 365 | t; the lease period has not yet ended. |
| Describe                                   | your unexpired personal property lease                                                                                                                      | es                                                                                                                                                                               | Will the lease be assumed?             |
| Lessor's n<br>Descriptio<br>Property:      | name:<br>on of leased                                                                                                                                       |                                                                                                                                                                                  | □ No                                   |
| Lessor's n<br>Descriptio<br>Property:      | name:<br>on of leased                                                                                                                                       |                                                                                                                                                                                  | □ No                                   |
| Lessor's n<br>Descriptio<br>Property:      | name:<br>on of leased                                                                                                                                       |                                                                                                                                                                                  | □ No                                   |
| Lessor's n<br>Descriptio<br>Property:      | name:<br>on of leased                                                                                                                                       |                                                                                                                                                                                  | □ No                                   |
| Lessor's n<br>Descriptio<br>Property:      | name:<br>n of leased                                                                                                                                        |                                                                                                                                                                                  | □ No                                   |
| Lessor's n<br>Descriptio<br>Property:      | name:<br>on of leased                                                                                                                                       |                                                                                                                                                                                  | □ No                                   |
| Lessor's n<br>Descriptio<br>Property:      | name:<br>on of leased                                                                                                                                       |                                                                                                                                                                                  | □ No                                   |
| Jnder pen<br>property th<br>X /s/ T<br>Tho | Sign Below  nalty of perjury, I declare that I have indinated in the subject to an unexpired lease.  Thomas Adam Phipps  mas Adam Phipps  ature of Debtor 1 | cated my intention about any property of my estate that  X  Signature of Debtor 2                                                                                                |                                        |
| Date                                       |                                                                                                                                                             | Date                                                                                                                                                                             |                                        |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-13252 Doc 1 Filed 04/19/16 Entered 04/19/16 12:07:15 Desc Main Document Page 51 of 55

B2030 (Form 2030) (12/15)

## **United States Bankruptcy Court**Northern District of Illinois

| In re                                                                                               | Thomas Adam Phipps                                                                                                                                                                                                                                                             |                                     | Case No.                |                        |                 |  |  |
|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------|------------------------|-----------------|--|--|
|                                                                                                     |                                                                                                                                                                                                                                                                                | Debtor(s)                           | Chapter                 | 7                      |                 |  |  |
|                                                                                                     | DISCLOSURE OF COMPENSA                                                                                                                                                                                                                                                         | ATION OF ATTO                       | RNEY FOR DE             | CBTOR(S)               |                 |  |  |
|                                                                                                     | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I compensation paid to me within one year before the filing of the rendered on behalf of the debtor(s) in contemplation of or                                                                                       | the petition in bankruptcy          | , or agreed to be paid  | to me, for services re |                 |  |  |
|                                                                                                     | For legal services, I have agreed to accept                                                                                                                                                                                                                                    |                                     | \$                      | 550.00                 |                 |  |  |
|                                                                                                     | Prior to the filing of this statement I have received                                                                                                                                                                                                                          |                                     |                         | 550.00                 |                 |  |  |
|                                                                                                     | Balance Due                                                                                                                                                                                                                                                                    |                                     |                         | 0.00                   |                 |  |  |
| 2.                                                                                                  | \$ of the filing fee has been paid.                                                                                                                                                                                                                                            |                                     |                         |                        |                 |  |  |
| 3.                                                                                                  | The source of the compensation paid to me was:                                                                                                                                                                                                                                 |                                     |                         |                        |                 |  |  |
|                                                                                                     | ■ Debtor □ Other (specify):                                                                                                                                                                                                                                                    |                                     |                         |                        |                 |  |  |
| 4.                                                                                                  | The source of compensation to be paid to me is:                                                                                                                                                                                                                                |                                     |                         |                        |                 |  |  |
|                                                                                                     | ■ Debtor □ Other (specify):                                                                                                                                                                                                                                                    |                                     |                         |                        |                 |  |  |
| 5.                                                                                                  | ■ I have not agreed to share the above-disclosed compensat                                                                                                                                                                                                                     | tion with any other person          | n unless they are memb  | pers and associates of | of my law firm. |  |  |
|                                                                                                     | ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.                         |                                     |                         |                        |                 |  |  |
| 6.                                                                                                  | In return for the above-disclosed fee, I have agreed to render                                                                                                                                                                                                                 | legal service for all aspec         | cts of the bankruptcy c | ase, including:        |                 |  |  |
|                                                                                                     | <ul> <li>a. Analysis of the debtor's financial situation, and rendering a</li> <li>b. Preparation and filing of any petition, schedules, statemen</li> <li>c. Representation of the debtor at the meeting of creditors and</li> <li>d. [Other provisions as needed]</li> </ul> | t of affairs and plan whic          | h may be required;      | -                      | cruptcy;        |  |  |
| 7. By agreement with the debtor(s), the above-disclosed fee does not include the following service: |                                                                                                                                                                                                                                                                                |                                     |                         |                        |                 |  |  |
|                                                                                                     | CI                                                                                                                                                                                                                                                                             | ERTIFICATION                        |                         |                        |                 |  |  |
|                                                                                                     | I certify that the foregoing is a complete statement of any agree bankruptcy proceeding.                                                                                                                                                                                       | eement or arrangement fo            | or payment to me for re | epresentation of the   | debtor(s) in    |  |  |
| Δ                                                                                                   | April 19, 2016                                                                                                                                                                                                                                                                 | /s/ S. M. de Rath                   | , Esq.                  |                        |                 |  |  |
|                                                                                                     | Date                                                                                                                                                                                                                                                                           | S. M. de Rath, E                    | sq. 6206809             |                        |                 |  |  |
|                                                                                                     |                                                                                                                                                                                                                                                                                | Signature of Attorn Attorney S.M.de |                         |                        |                 |  |  |
|                                                                                                     |                                                                                                                                                                                                                                                                                | 233 S. Wacker D                     |                         |                        |                 |  |  |
|                                                                                                     |                                                                                                                                                                                                                                                                                | Chicago, IL 6060                    |                         |                        |                 |  |  |
|                                                                                                     |                                                                                                                                                                                                                                                                                | 312-283-8606<br>Name of law firm    |                         |                        |                 |  |  |
|                                                                                                     |                                                                                                                                                                                                                                                                                | Traine of war fill                  |                         |                        |                 |  |  |

### **United States Bankruptcy Court** Northern District of Illinois

| In re | Thomas Adam Phipps                            |                                                               | Case No.    |                           |  |  |
|-------|-----------------------------------------------|---------------------------------------------------------------|-------------|---------------------------|--|--|
|       |                                               | Debtor(s)                                                     | Chapter     | 7                         |  |  |
|       | VERIFICATION OF CREDITOR MATRIX               |                                                               |             |                           |  |  |
|       |                                               | Number of Cro                                                 | editors:    | 27                        |  |  |
|       | The above-named Debtor(s) la (our) knowledge. | hereby verifies that the list of creditors                    | is true and | correct to the best of my |  |  |
| Date: | April 19, 2016                                | /s/ Thomas Adam Phipps Thomas Adam Phipps Signature of Debtor |             |                           |  |  |

Capital One PO Box 30285 Salt Lake City, UT 84130

City of Chicago Department of Revenue POBox 88292 Chicago, IL 60680-1292

City of Chicago Department of Revenue/Parking Ticks 121 N LaSalle, Room 107 Chicago, IL 60601

Commonwealth Edison 3 Lincoln Center Attn Bank Dept Oak Brook Terrace, IL 60181

Department of the Treasury Internal Revenue Service P.O.Box 7346 Philadelphia, PA 19101-7346

Dillards PO BOX 14517 DES MOINES, IA 50306

Divison of Traffic Safety Accident Records Division 1340 N 9th St Springfield, IL 62766-0001

Equifax Credit Information Services Bankruptcy Department P.O Box 740241 Atlanta, GA 30374-0241

Experian
Bankruptcy Dept
P.O.Box 2002
Allen, TX 75013

Fifth Third Bank 2632 Erie Avenue Cincinnati, OH 45208 Harris & Harris 600 W Jackson Blvd, Suite 400 Chicago, IL 60661

Il Dept of Human Services 100 South Grand Ave East (800) 843-6154 Springfield, IL 62762

IL Dept of Human Services 401 S. Clinton Street (800) 843-6154 Chicago, IL 60607

Il Dept of Transportation Div of Trans/ Crash Records Section 130 North 9th St Springfield, IL 62766-0020

Landlord

Law Offices of Andre & Diokno c/o Affirmative Insurance 1043 S York Rd #104 Bensenville, IL 60106

Law Offices of VLAHAKIS MICHAEL E c/o FRANKLIN, ARETHA 77 W WASHINGTON #5519 Chicago, IL 60602

Linebarger Goggan Blair & Sampson Attorneys at Law P O Box 06152 Chicago, IL 60606-0152

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nAVY fEDERAL PO BOX 3700 MERRIFIELD, VA 22119 nAVY fEDERAL 10750 MCDERMOTT FWY SAN ANTONIO, TX 78288

Nicor Gas Bankruptcy Dept POB 2020 Aurora, IL 60507-0310

Peoples Gas Chicago, IL 60687-0001

Secretary of State Drivers Services Depart, Traffic V 2701 S. Dirksen Pwy Springfield, IL 62723-0001

State of Illinois Dept. Employment Security POBox 4385 Benefit repayments Chicago, IL 60680-4385

SYNCHRONY BANK/WALMART PO BOX 965024 ORLANDO, FL 32896

TransUnion
Bankruptcy Department
P.O.Box 1000
Chester, PA 19022